HC 44714 P.7900

County Borough of West Hartlepool.

Annual Report

UPON THE

Health of West Hartlepool

For the Year 1928.

BY

GORDON LILICO,
M.B., Ch.B., D.P.H.,
Medical Officer of Health,
Tuberculosis Officer,
School Medical Officer.

West Hartlepool:
and Commercial S[illegible]

21 JUN. 1929

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WEST HARTLEPOOL:
E. Hudson, Printer and Commercial Stationer, 75, Church Street,
1929.

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County Borough of West Hartlepool.

Report of the Medical Officer of Health

FOR THE YEAR 1928.

PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
WEST HARTLEPOOL,
14TH JUNE, 1929.

To the Mayor, Aldermen and Councillors of the
County Borough of West Hartlepool.

MR. MAYOR, ALDERMEN AND COUNCILLORS,

I beg to present to you my Annual Report on the health of the Borough during the year 1928, and do so with a much greater feeling of satisfaction than was present when the report for the previous year was presented. Herein you will find facts which will adequately prove to you that in spite of poor trade and unemployment, the health of the inhabitants has attained a fairly high standard, the result of which is largely due to good weather conditions and an absence of epidemics to which a high mortality is usually an accompaniment.

Details of schemes previously mentioned in the 1925 report are not reiterated and, as in previous reports, the statistical material is placed in the appendices for our own record purposes and also for the benefit of any who care to make use of it.

GENERAL INFORMATION.

(Appendix 2).

The Registrar General has estimated the population for the middle of 1928 as 69,800, which is a reduction of 1600 on his estimation for the previous year, and is only 1160 above the census figure of 1921. We are not aware of all the information which is at the disposal of the Registrar General to account for this reduction, but in view of the fact that there has been during the last seven years a natural increase of births over deaths, a continued increase in the male population as shown by the previous election registers, and no increase in the average number of persons emigrating abroad, it is difficult to reconcile the figures for 1928 with those of the previous seven years.

For record purposes the Registrar's figures are being accepted for the purpose of determining our various rates.

There has been an increase in the number of births during the year and the rate (21·6) is considerably higher than that for the country as a whole (16·7). While the number of marriages remains the same as for the preceding year the marriage rate has increased when based on the Registrar General's figures. There has been a considerable decrease in the number of deaths (893 as compared with 1,070) and the death rate is 12·7 per 1,000 of the population.

During the year 108 babies under one year of age died, giving an infantile mortality of 71, the lowest figure on record.

Poor Law Relief (Appendix *44*) both for in-door and out-door cases has shewn a marked reduction during the last three years. This is one of the best indications that trade is once more returning to the town.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Hospitals—

1. *Isolation.* Towards the end of the year instructions were given to continue with the plans for the erection of a new isolation hospital which would be considered during 1929. It is to be hoped that on this occasion the Council will replace their policy of procrastination by one of construction.

It is generally admitted by the majority of the Council that the existing Port Sanitary Hospital to which we send our cases has served its purpose and should be scrapped, and it is only a question of finance which makes them withhold their vote. The facts must be faced sooner or later and in my opinion any proposal for a borough extension will fail unless it can be shown that a new hospital is in process of erection.

2. *Smallpox.* Cases of Smallpox continue to be sent to Middlesbrough with whom a contract is in force.

3. *Tuberculosis.* Patients requiring Sanatorium treatment are, in the case of adults, sent to Barrasford Sanatorium (Newcastle Corporation) and, for children, to Stannington (Voluntary Institution). No difficulty has been experienced in obtaining beds at Barrasford, but at Stannington, owing to the large number of authorities using the institution, we have to wait for vacancies occurring. No patients have been sent to Blencathra this year. Cases requiring surgical and light treatment are sent to Hartlepools Hospital under contract. Advanced cases of Tuberculosis are persuaded when possible, to go to the Howbeck Infirmary.

4. *Maternity Hospitals.* A Maternity Home is provided by the Corporation. This has accommodation for 16 cases, and there is in addition a small isolation block (for two cases) situated in the same grounds. Two private nursing homes are registered for the reception of maternity cases as well as general work.

5. *Children.* No specific buildings are used entirely for children. Cases requiring treatment receive this at the general hospitals.

6. *Venereal Diseases.* An arrangement is in force whereby the Howbeck Infirmary will accept such patients forwarded from the Venereal Diseases Clinic. A weekly fee of 30/- is paid for these cases.

7. Unmarried mothers and illegitimate children have not had any special institutional provision made for them.

8. *Clinics, &c. (Appendix 31).* The building known as the Mill House, Stranton, is used for all the Education Clinics, and the Venereal Diseases and Tuberculosis Dispensaries. During the year an additional room has been added as an examination room for Tuberculosis cases. The waiting

room accommodation for the Education cases upstairs is inadequate and unsatisfactory, especially when one realises that the minor ailment clinic deals with anything up to 100 cases per day and many of these are accompanied by their parents.

As regards the Child Welfare Clinics (four), these are held in mission rooms and clubs in various parts of the town, rents being paid to the respective owners by the Corporation.

Public Health Staff. (Appendix 1).

During the year two Health Visitors resigned to take up other appointments and considerable difficulty was experienced in filling their positions by nurses whose qualifications come up to the standard laid down by the Ministry of Health. In addition, one nurse was absent on sick leave for a considerable time and a substitute had to be found to take her place. All these comings and goings are bad for administration and worse for district work. It takes a nurse some time to become established in her district and learn to know and gain the confidence of her patients, to say nothing of the procedure of the department in the various types of cases with which she must come in contact. Of late years these changes of staff have been frequent and unsatisfactory.

Professional Nursing in the Home. The Corporation provide one nurse whose duty it is to nurse cases of pneumonia and complicated pregnancies. Health Visitors carry out treatment of ophthalmia neonatorum cases under the instruction of their medical attendants.

The Local Nursing Association provide two nurses for the care of general cases and some of the doctors have a private nurse attached to their practice.

Midwives. (Appendix 32). Excluding the staff at Grantully, fifteen midwives notified their intention to practice in the district; none of these are subsidised by the Local Authority.

Registration of Nursing Homes. Part II. of the Midwives' and Maternity Homes Act, 1926, was repealed by the Nursing Home Registration Act, 1927. This, in short, brings all nursing homes under the inspection of the Local Authority, the two homes registered under the old Act (1926) have been re-registered for all classes of work.

Bacteriological and Chemical Work. (Appendices 40, 59, 60 & 68). All bacteriological examinations relating to infectious diseases, with the exception of blood examinations, are done in the Local Authority's Laboratory. Specimens for Wassermann and Widal reactions are sent to the Armstrong College of Medicine, Newcastle, as are also the samples of milk for biological testing for the presence of tubercle bacilli. Samples taken under the Sale of Food and Drugs Acts, etc., are examined by the Analyst (Mr. Stock) at Darlington.

SANITARY CIRCUMSTANCES OF THE AREA.

Water. (Appendix 62). Two types of water are supplied to the town by the Hartlepools Gas and Water Company. The first is drawn from deep wells and is principally noteworthy on account of its high degree of permanent hardness and the entire absence of any suggestion of animal pollution as shewn by the low figures for nitrogen and ammonia. The action is 7·4 neutral and it contains free carbonic acid gas. This is the water which is used for domestic purposes and is supplied by the mains. The second type is a soft water supply and is known as the "soft" or trade water. It is collected in reservoirs at Crookfoot and elsewhere, and is not filtered, coming direct from the reservoirs as it is received from the catchment areas, to the town. This water is unfit for drinking purposes for obvious reasons. It contains a minute trace of iron and a comparitively small degree of both permanent and temporary hardness. There has been an ample supply of this type of water for trade purposes in the town, and during 1921, which was an abnormally dry year, the Company still had an ample reserve. I am informed by the Company that there is an adequate surplus for any new undertakings that may develop for some years to come.

One of the industrial firms have sunk a well, approximately 250 ft. deep, on their premises, and from this samples have been analysed. The result, apart from a large deposit of sand which is being separated, gives an analysis somewhat similar to that obtained from water supplied to the town through the mains.

Drainage and Sewerage. All sewage is drained into the sea. No extension of any note has been undertaken during the year.

Closet Accommodation. (Appendix 49). With the exception of a few privies in the neighbourhood of the docks and timber yards which are not accessable to a sewer, the whole of the town has a water carriage system.

Scavenging. (Appendix 50). With the increase in the number of houses, there is a relative addition to the amount of refuse requiring disposal, but the means of disposal is causing some difficulty. At present the Corporation possess a destructor but this only takes a small proportion of the refuse and the resultant clinker has to be removed, the remainder is sent to tips, but as time goes on, it is becoming more difficult to find suitable tips in the vicinity. The question of disposal at sea has been considered but has been turned down on the grounds of expense.

Refuse is removed by horse and motor transport. If the ratepayers would realise that close on £10,000 is spent annually on the collection and disposal of house refuse perhaps they would assist the Corporation by burning more of their own rubbish. It is only by concerted efforts such as this that the town's expenses can be reduced.

Sanitary Inspection of the Area. (Appendices 51 & 52). A statement shewing the number of premises visited, the defects and nuisances discovered, and the action taken in regard to these, is given in the appendices.

Smoke Abatement. Bye-laws relating to smoke abatement were prepared but were eventually turned down by the Council. As soon as one mentions smoke abatement there is immediately a chorus of "we want more smoke." Few members appear to realize that large volumes of smoke mean wasted energy, to say nothing of its effect on the public health, but it would be futile to attempt any action regarding smoke abatement in this area at present.

Premises and Occupations which can be Controlled by Bye-laws or Regulations. (Appendices 63 & 64). Nothing worthy of particular mention has occurred regarding the conditions relating to fried fish shops, rag and bone dealers and common lodging houses.

There has not been any appreciable difference in the number of houses in the borough so the registered houses-let-in-lodgings are still booming at the expense of the tenants. It is difficult to know what is the best thing to do to alleviate the housing problem of this type of tenant and at present the Committee are considering the question of the erection of Corporation tenements While the housing shortage continues the present iniquitous system will continue as well as that other thorny problem, the caravan dweller. The caravan compound continues as before, with the

exception that the owner of the caravan, instead of the tenant is responsible to the Corporation for the rent. This has resulted in marked improvement in the rent collection. Throughout the year the compound has been well filled, but from various enquiries made, it has been shown how low the circumstances of some of its inhabitants have dropped.

Schools. For full particulars relating to the work under the Education Authority, reference should be made to the school report for the year (separate report). Apart from the provision of additional class-rooms to St. Cuthbert's School, no extensions of any note have been made. The seating equipment and lighting, both natural and artificial, in some of the older schools leave a good deal to be desired, otherwise the schools as a whole are satisfactory.

Housing. (*Appendix 67*). Some of the difficulties relating to the housing of the poorest classes have already been mentioned.

There has been a marked decrease in the number of new houses erected, principally due to the completion of some of the Council's Housing Schemes. This is to be regretted as there is a big demand for houses at the present time.

INSPECTION AND SUPERVISION OF FOOD.

(*a*) *Meat.* (*Appendices 53, 54, 55 & 56*). One of the methods, though certainly a crude one, of gauging the prosperity of the people is by looking at the annual returns of animals slaughtered at the public abattoir. Without exception, every type of beast killed has shown an increase, and the total is greater by two thousand animals than for any other year since 1921. It may be argued that the amount of chilled beef supplied is less owing to the increased cost to its previous figure, but I do not think that that would account for the large increased consumption of home killed meat. In spite of the increase in the number of animals killed, it is pleasing to note that there has been a considerable decrease in the number of cases of diseased carcases. One wonders if it is the result of the workings of the Tuberculosis Order or to more care and better judgment on the part of the butchers, or it may be a combination of the two. Whatever the cause may be, and from continual inspection of carcases at the abattoir, I am convinced that the quality of meat which is provided for the town is of a very high standard.

Just as the meat has improved, so also has the condition of the butchers' premises; in fact we seldom find matter for complaint on inspection. This might be taken as an argument in favour of licensing of all premises, which sell or prepare material for human consumption. The majority of such dealers have an ideal and are out to do the best they can for the public, both as regards the quality of the article they sell and the manner in which it is stored on their premises. Others there are, unfortunately, whose ideas of cleanliness are lamentable, and it were better that they were not allowed to deal in articles which may or may not require to be cooked before eating.

(*b*) *Milk Supply.* The fact that there have been granted one licence for the sale of tuberculin tested milk and three licenses for Grade A milk over and above the numbers on our books for the previous year suggests that there is a greater demand for a cleaner and better milk, and that the dealers are catering for the demand. This is all to the good and it is to be hoped that this improvement will continue.

During the year 29 samples of milk were forwarded to Armstrong College for the biological examination for the presence of tubercle bacilli, and of these three were reported positive. The responsible Authorities were notified in each case and action was taken by them. Further samples were taken from the same supplies with satisfactory results.

(*c*) *Adulteration.* (*Appendix 59*). A sample of so-called fresh farm butter was taken from an itinerant vendor but analysis showed this to contain 100% Margarine. Fortunately the man was caught at the same game in Middlesbrough where he was convicted. This is just another example of a cheap article not being all it is advertised. It always pays when buying goods to know the dealer or his reputation.

Of 66 samples of milk examined, 16 or roughly 25% were below standard. Three of these were deficient in fat (all from the same dealer), and on legal proceedings being taken he was fined £3. A fourth case which was below the standard in non-fatty solids corresponding to 8·12% added water, was dismissed by the magistrates. No legal proceedings were taken in the remaining cases.

A butcher killing meat outside the town and bringing it into a shop in the borough, was found selling diseased liver. For this offence he was fined £2.

No samples of milk or food stuffs were found to contain preservatives.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

(Appendix 19).

Smallpox. Although this disease continued to be prevalent in the County we were fortunate in only having one case, an adult male, who undoubtedly contracted the disease outside the borough. The case was removed to the Middlesbrough Smallpox Hospital.

Vaccination. Of the 1526 births which took place, 1015 babies were successfully vaccinated and there were 273 conscientious objectors. The percentage of unvaccinated children (17·8%) was slightly higher than for the last two or three years. No deaths were ascribed to vaccination.

Chickenpox. Owing to the prevalence of Smallpox, Chickenpox has been a notifiable disease locally since 1925. During the year there has been a big epidemic of this disease (674 cases) which has resulted in a considerable number of absentees from the schools. The majority of cases occurred amongst infants and those under school age, but there were also a large number of adults. Doctors have been requested to add to their notification the vaccinal conditions of the patient. The practice in the department has been to visit all cases who have not been vaccinated within six years and also all adult cases. There is no doubt that this disease could be very considerably reduced if parents would segregate their children during the infectious period. It is rather a significant fact that with the large number of Chickenpox cases there has been a big increase in the number of impetiginous conditions amongst school children, possibly caused by the picking of the healing Chickenpox spots with dirty finger nails.

Scarlet Fever. (Appendix 18). Once again we have to report a good year as regards this disease. The number of notifications has been low (136) and the type of fever has been mild. No fatal cases were reported. With the exception of June and July, the cases have been evenly divided throughout the year. The two most crowded wards in the

town, the Central and the North-East, have had fewer cases between them than any other single ward. This finding is contrary to what one would expect unless it be that cases did occur but the parents did not consider the child sufficiently ill to warrant calling in a doctor.

Of the 136 cases, 81 were removed to the Port Sanitary Hospital, owing to insufficient isolation at home.

No Dick testing has been done locally. A small amount of antitoxin is supplied to the Isolation Hospital for use in septic cases.

Diphtheria. (*Appendix 18*). More cases of Diphtheria have been notified this year than at any other period during the last twenty years. The year began with an epidemic and ended with an epidemic, and during the intervening period several small outbreaks occurred. The cases were generally spread throughout the town and although a considerable amount of inspection was made in the various schools we were not able to locate the carriers of the outbreaks. Of the 108 cases notified, ten ended fatally. The cases sent to hospital numbered 67, of whom eight died.

Diphtheria antitoxin is available to the general practitioners either free, or to those who can afford to pay for it, at cost price.

No Schick testing or immunisation has been carried out.

Erysipelas. (*Appendix 18*). The number of these cases remains about the average. Three cases were sent to hospital on account of the home conditions.

Enteric Fever. (*Appendix 18*). Only one case was notified during the year and this proved to be a para-typhoid B. The source of infection was outside the area. The case was removed to hospital and died.

Puerperal Fever and Puerperal Pyrexia. (*Appendix 18*). Four cases were notified of fever and nineteen of pyrexia. The following is a summary of the cases:—

1. Mrs. W. Multip. Age 28. Puerperal Fever. First pregnancy a miscarriage followed by poor health. Admitted to Grantully with anaemia, albuminuria and defective heart. Forceps case. Perineal tear. Patient became mental and ultimately died of exhaustion.

2. Mrs. S. Multip. Age 29. Puerperal Fever. Midwife and doctor in attendance. Forcep delivery of a still born hydrocephalic child. Intra uterine douching and antistreptococcal serum given. Patient recovered.

3. Mrs. McG. Primip. Age 24. Puerperal Fever. Delivered by midwife of a still born macerated child. Developed fever. Patient recovered.

4. Mrs. A. Multip. Age 29. Puerperal Fever. Delivered by handy woman. Retained placenta eventually removed by doctor. A district nurse gave lysol douches. Developed fever and died.

5. Mrs. B. Multip. Age 32. Still born child delivered by midwife. Puerperal pyrexia due to unsatisfactory drainage. Patient recovered.

6. Mrs. M. Primip. Age 21. Delivered by midwife—lacerated perineum—pyrexial condition due to influenza from which she was suffering at time of delivery. Patient recovered.

7. Miss S. Primip. Age 21. Suffering from pleurisy at time of confinement. Condition developed into a pneumonia and she died in Howbeck Infirmary.

8. Mrs. S. Multip. Age 25. Pyrexia developed on 14th day due to influenza. Patient recovered.

9. Mrs. R. Primip. Age 23. Retained membrane caused a temperature for two days. Patient recovered.

10. Mrs. G. Multip. Age 36. Midwife notified a rise in temperature. Doctor called in and temperature had subsided within 48 hours. Cause of pyrexia not discovered. Patient recovered.

11. Mrs. B. Multip. Age 30. Patient and baby were found lying on floor by handywoman. Doctor sent for and sutured lacerations. Pyrexia developed probably as a result of dirty condition of surroundings and want of attention at birth. Patient died.

12. Miss C. Primip. Age 19. Delivered by midwife. Clot prevented sufficient drainage and produced a pyrexia. Condition remedied and patient recovered.

13. Mrs. K. Multip. Age 42. Pyrexia caused by phlebitis in right leg. Patient recovered after a long illness.

14. Mrs. B. Multip. Age 34. Born before arrival—slight tear. Mild pyrexia for two days possibly due to local infection. Patient recovered.

15. Mrs. S. Multip. Age 34. Developed pyrexia for 48 hours—cause unknown, Patient recovered.

16. Mrs. G. Primip. Age 25. Handy-woman in attendance. Prolonged labour followed by post partum hæmorrhage. Lacerated perineum. Chronic bronchitic subject. Developed a pyrexia from septic sutures. Patient recovered.

17. Mrs. B. Primip. Age 25. Forceps delivery with laceration. Doctor previously attending patient for pleurisy. Removed to Howbeck where she died.

18. Mrs. Q. Multip. Age 30. Delivered by midwife—no lacerations. Developed a pyrexia which subsided with douching. Condition due to bad drainage. Patient recovered.

19. Mrs. B. Multip. Age 26. Developed influenza on the 12th day causing a pyrexia. Patient recovered.

20. Mrs. F. Primip. Age 19. Prolonged labour. Inefficient drainage behind a clot produced a pyrexia. Condition remedied and recovery uneventful.

21. Mrs. McC. Primip. Age 26. Patient delivered by handy woman. Laceration subsequently sutured by doctor. Local condition produced a pyrexia which subsided in a week. Patient recovered.

22. Mrs. B. Multip. Age 34. A pyrexia occurred on 5th day. Apart from constipation and a slight cough, nothing was found to account for the temperature. Normal delivery by midwife with no lacerations. Home conditions good. Patient recovered.

23. Mrs. D. Multip. Age 33. Born before handy-woman arrived. House in filthy condition—no bed clothes. Patient melancholic and husband causing trouble. Home conditions probably accounted for rise in temperature. Patient recovered.

Acute Anterior Poliomyelitis. One case occurred in a child aged 4 years. This was followed by loss of power in one leg, for which he is receiving orthopaedic treatment at the Cameron Hospital.

Encephalitis Lethargica. One case (elderly female) was notified as suffering from this disease. The onset commenced with influenza, followed by delusions and later died from encephalitis lethargica. No bacteriological or post mortem examinations were made to confirm the diagnosis.

Measles. The year was particularly free from a measles epidemic. 17 cases were reported by the school authorities and one death occurred.

Whooping Cough. This disease also did not cause a great deal of sickness. 26 cases were reported from the schools and there were three deaths.

Ophthalmia Neonatorum. (*Appendix 17*). There was a large increase in the number of ophthalmic cases during the year. Of the 22 cases notified, three were sent to Howbeck Infirmary and the remaining 19 were treated at home by the nurses working under the instructions of the doctors concerned. Complete recovery was made in 20 cases, but there was impaired vision in one and total blindness in another. While it was still under treatment one of the babies developed pneumonia from which it died.

Malaria. One case was notified. The infection had occurred abroad.

Dysentery. One case was notified as such but no bacteriological examination was made to support the diagnosis.

Pneumonia. (*Appendix 18*). At the beginning of the year there was a small outbreak of influenza and during the first six weeks 14 deaths were attributed to this cause. At the same time we had a large increase in the number of deaths from bronchitis and pneumonia. The last six weeks of the year was practically a repetition as far as chest diseases were concerned. Altogether there were 268 notifications of pneumonia and of these 105 died. This case mortality is much higher than it ought to be.

Cancer. (*Appendices 14 and 15*). The number of deaths remains the same as in the preceding year, but its share of the total deaths is gradually increasing.

Propaganda. A considerable amount of literature has been distributed through the media of the schools, clinics, public library and nurses in all matters relating to the prevention of infectious diseases and the promotion of cleanliness.

Bacteriological Work (*Appendix 68*) in connection with diphtheria, tuberculosis and venereal diseases has been carried out in the Council's laboratory. We have continued to prepare our own media for diphtheria cultures.

Venereal Diseases. (*Appendices 40—43*). The number of new cases attending the dispensary showed a gradual decline until 1927 when there was an increase. The figures for 1928 show a still further increase over 1927, the actual numbers being 271 as compared with 200.

What is the reason for this large increase in venereal disease during the last three years? Is it because the general morals of the town are retrogressing due to a lack of parental control together with an increase in dancing halls and motor bicycles? Is it because the "1928 Miss" has been given more rope than her elder sisters and has galloped at such a rate that she could not check herself when danger loomed ahead? Late hours seem to be the order of the day—second houses at pictures, dance halls after midnight and motor rides up to all hours. I certainly think that that has a great deal to answer for in regard to the number of cases. Some years ago when questioning men on the source of their infection the common reply was that they were under the influence of alcohol at the time and did'nt remember very much about it, but now one seldom hears of alcohol being given as the excuse.

Another reason for the figures being so high is that they may be more apparent than real. It may mean that people are beginning more and more to realise the subsequent dangers to health from neglected or improperly treated venereal disease and that they find that they receive as much secrecy and better treatment by going to a medical man that they would do by leaving themselves in the hands of quacks and charlatons. One or two facts tend to support these views. In the first place we have had a large number of men and women who have attended the clinic in order to find out if they were suffering from venereal disease and we were fortunately able to tell them that their suspicions were groundless. That is a step in the right direction. Secondly, one enterprising picture house manager showed a film—The Dangers of Ignorance—for a week to crowded houses in the town, and this was repeated by another proprietor in

the rural district. Following both of these pictures which dealt almost entirely with the subject of venereal disease, we had an increase in the number of new cases attending the clinic.

Unfortunately the number of cases who cease treatment before a cure is obtained remains high, but it is pleasing to note that this number is decreasing and the average number of attendances per person has increased from 11·6 in 1927 to 15·5 in 1928. Leaving all figures aside, there are no other diseases that visit men and women which are easier to prevent and more amenable to treatment in their earliest stages than those which come under the heading of venereal diseases, but as there are many fools who cannot be taught and more who won't, I regret that I am pessimistic regarding the eradication of this disease from our land.

Prevention of Blindness. All notifications of ophthalmia neonatorum are enquired into and we are satisfied that proper treatment is being carried out in every case.

Children suffering from interstitial keratitis are treated at the venereal diseases clinic.

Rats. Throughout the year continued enquiries are made concerning the presence of these rodents both in premises and allotments. Advice is given from the department as to the best means of removing the pest and poisons (squills) are sold at cost price.

MATERNITY AND CHILD WELFARE.

(Appendices 33—39 and 47).

Maternity Home. (Appendix 47).

The number of cases admitted to Grantully remains approximately the same as for the previous year. It is to be regretted that a larger number of people do not take advantage of the excellent facilities which the Council have provided for them. That the majority of those who have been confined there are satisfied with their treatment is shown by the number who return for subsequent confinements, but there are always a small few who would have complaints to make even if they lived in a palace. That the outbreak of puerperal fever in 1926 did much to lower the prestige of the home there can be no doubt. Such an occurrence looms large in the public eye, whereas nothing is heard of the cases which occur at their own homes.

Another complaint which is popular in certain circles is that the patients have to have a bath. One would not like to suggest that bathing is an uncommon occurrence in West Hartlepool, but the fact remains that a certain section of society consider that a compulsory bath is an adequate reason why they should not go to the Maternity Home.

Two deaths occurred during the year, one of which was an emergency case who died a few hours after admission and the other had been a heart case for some considerable time.

Private Nursing Homes. There are two homes registered under the Act, both of which also undertake medical and surgical cases. One of the homes conducted a number of confinements, but no deliveries took place in the other. These homes are carried on in a satisfactory manner and in accordance with the bye-laws.

Child Welfare Centres. (*Appendix 31*). The four centres for babies remains the same as for previous years. The number of cases attending Alice Street centre has made it rather difficult to carry on in a satisfactory manner, more so during the colder months. It is hoped during the coming year to find a more convenient building for the purpose.

The number of attendances of babies at the centres shows a small decline on last year's figures. There has been an increase in the number of new cases and they also show an increased attendance, but there was a marked diminution of attendances amongst the older children. The older a child becomes less attention does it require provided the foundation is good and, with all due respect to the centres, it will benefit both mother and child more to spend the afternoon on a fine summer's day down on the sands than awaiting their time at the centre.

During the last few years with the great increase of people attending the centres it has been obvious that the nurses required additional help. With this end in view the midwives were approached and several attended the centres and did a lot of good work. Incidently they benefited by it inasmuch as they became better known to the women in the district and probably improved their practices to some extent. Unfortunately the time of a midwife is not always her own and we found that, through calls from their practices, we could not always rely on their presence. Fortunately there is in the town a very much alive body, the Toc H. League of Women Helpers, who voluntary offered their services and they were gratefully accepted. These young women are

consequently gaining some small experience in mothercraft and a larger experience in the way in which those who are in less fortunate positions than their own have to carry on their existence. It would be a happy extension to their work if they could act as fairy god nothers to some of the babies whose wardrobes are somewhat limited.

Midwives. (*Appendix 32*). The number of women who have notified their intention to carry on the practice of midwifery in the town has increased by two to fifteen. This number does not include the staff at the Corporation Maternity Home or any of the private nursing homes. The practice of midwifery is at its best not a highly remunerative one and this town is not one of the bright spots, indeed were it not that other members of the family were acting as wage earners, it would be impossible to exist on the results of the income of at least half of these women.

Of the 1393 births which took place in the town, 824 were conducted by midwives, and on the supposition that an average of 25/- was obtained in each case, the average earnings of each midwife would be between £60 and £70 per annum.

A few minor complaints were received in connection with the work of midwives, but in one case only was it considered necessary to make a report to the Committee and that was followed by a reprimand of the delinquent. No cases were reported to the Central Midwives' Board for action.

The payment in respect of notes sent by midwives calling in doctors in cases of emergency or complication continues to be a sore point both from the view of the Committee and the patient. The Committee do not wish to have to add expenses to an already overburdened community, and many of the patients genuinely haven't got the money to pay the additional cost, or in a few cases do not consider that they ought to be called on to pay. The fact remains that for a number of years the recovery of such fees has been very small.

Under the Midwives' and Maternity Homes Act, 1926, local authorities were enabled, subject to the approval of the Ministry of Health, to inaugurate insurance schemes to cover these circumstances, and such a scheme was approved and put into operation on 1st April. The premium of 5/- per case was fixed and the following extracts taken from the Borough Treasurer's report to the Ministry of Health on the first six months' working will give some idea of the results :—

No. of Contributors to Scheme.	Confinements during the half-year.			No. of Confinements not taken place on 30th September.
	No medical attention required.	Cases medically treated.	Amount of doctors fees paid.	
154	67	51	£60 8s. 0d.	36

"From the above table it will be seen that during the six months

(*a*) 154 patients paid the premium of 5/-.

(*b*) 118 patients were actually confined during the period, 51 of whom (or 43%) required medical treatment. Prior to the operation of the scheme the percentage medically treated was 21.

(*c*) The fees paid to doctors in respect of the 51 cases requiring medical aid, amount to £60 8s. 0d., or an average of £1 3s. 8d. per case treated.

(*d*) The premiums received in respect of the 118 patients confined during the half-year amounted to £29 10s. 0d., equal to an average of 11/7 per case treated.

(*e*) The loss to the Corporation in respect of each case medically treated was 12/1 as compared with 17/- per case under the old system. If all premiums received are taken into account the loss is reduced to 8/7.

(*f*) During the six months in which the scheme has been in operation there were 350 confinements attended by midwives apart from the scheme. Of these, 96 (or 27%) were medically treated and consequently the full amount of the fees paid by the Corporation in respect of them are recoverable from (or at least are chargeable against) the individuals concerned.

(*g*) From the information available I consider the scheme has justified itself for the following reasons :—

1. The loss to the Corporation in respect to the fees paid to doctors has been considerably reduced.

2. There is a saving in the Commission (20%) normally allowed to the collector.

3. There is a saving of time and stationery as no detailed accounts are necessary in respect of the individuals who join the scheme, although this is counter balanced to some extent by the records which must be kept in connection with the scheme."

So much for the financial aspect as recorded by the Borough Treasurer. From the medical side of the question, I think the scheme is an advantageous one. In the first place the fact that by paying her 5/- she has covered all her responsibility in case of complication must be, and I think is, a source of comfort to the patient and this security from further expense must have its moral effect in helping to relieve anxiety.

From the midwive's view the scheme is welcomed because she knows that if anything untoward happens the patient will not turn round and blame her for this additional expense of having a doctor. It will have a tendency, possibly, to increase instead of lessen the practice of a midwife. Previously a woman who had had complications was more inclined to engage a doctor for the next confinement and a handy woman to clean things up, on the assumption that as she had required a doctor in the first case as well as a midwife she might as well book the doctor for the second and cut out the services of the midwife. If the midwives get more cases it is to their benefit and I don't think the doctors will lose much by it, if anything, because more midwive's cases will produce more notes for medical help, and such notes to doctors mean no bad debts, and fees on a scale which is at least as high, if not higher, than they would have charged these patients had they booked privately.

The weakness in the scheme is that the patient having paid her premium insists on the midwife calling for the doctor although the necessity has not arisen. From the table given on page 58 it will be seen that the proportion of cases where doctors have been called in is in some forms of emergency high. This is a human factor with which it is difficult to deal, but it is hoped by carefully checking each case and co-operation with the midwives that this will be considerably reduced.

Another point which tends to increase the percentage of such cases is that a woman who has previously had complications is more likely to become insured than one who has not, and thus to a certain extent the authority are insuring bad cases. This, too, will have a tendency to make the number of calls unduly large in comparison to the non-insured cases.

At the close of the year 230 premiums had been paid and of these the confinements had taken place in 197 cases. These figures suggest that the scheme is growing and that in itself proves its popularity.

Tuberculosis. (Appendices 21—29). This has been a somewhat uneventful year so far as tuberculosis is concerned. The number of notifications and the number of deaths are practically the same as for last year. Good weather conditions during the year have been to the advantage of those suffering from the pulmonary type of the disease and there has been a lower fatality than usual, but this decrease has been counter balanced by the increase in the number of deaths of those suffering from tuberculosis in other parts of the body, and especially lesions affecting the brain.

The following report was presented to the Tuberculosis Committee during the year:—

The question of sanatorium treatment for adult patients has been the subject of controversy on more than one occasion, both in committee and in council, and for that reason I have endeavoured in this report to tabulate as much information as it has been possible to obtain from data and records which are available in my department.

During the period 1912 to 1928 there have been 1961 notifications of persons suffering from tuberculosis of the lungs. Of these 452 were cases of children under 15 years of age, and as such will not be considered in this report.

The remaining 1509 cases are divided into 412 who recieved treatment in various sanatoria, and 1097 who did not recieve such treatment.

TABLE No. 1.

	Children.	Adults.	Positive sputum in Adults.	Total
Received sanatorium treatment	98	412	191	510
No sanatorium treatment	354	1097	243	1451
Total	452	1509	434	1961

In the above table it will be seen that of the 1509 adults only 434 cases are credited with having the tubercle bacilli in their sputum,and as I only propose to use those 434 cases in this report, perhaps some explanation is necessary.

During the War and also on its termination a large number of men were either invalided out or demobolised with chest conditions which were labelled tuberculosis, caused or aggravated by war service. Many of these men were definitely suffering from pulmonary tuberculosis, but there were also a large number who were not. All these cases were sent to sanatoria on one or more occasions and all had pensions. By repeated examination and observation it has been definitely established that many of these cases were suffering from chronic bronchitis, asthma, fibrosis, etc., and therefore one would not be justified in including such cases in the table, although they have been notified as suffering from tuberculosis and have had various periods of institutional treatment.

Then again we have had a certain number of cases notified as suffering from tuberculosis in its earliest stages. Although there has been nothing found in the sputum examinations, clinical evidence has been sufficiently strong to justify the patient being sent to sanatorium for X-ray and further observation. After a short stay in sanatorium the superintendent may not have confirmed the diagnosis, and the patient is sent home.

As regards those patients not sent to sanatoria, many of them have not passed through our hands at the Tuberculosis Dispensary, nor have their sputa been examined in the Council's laboratory.

For these reasons I am only dealing with cases where we have the strongest evidence that the patients were suffering from tuberculosis of the lungs, namely those whose records show the presence of the tubercle bacillus in their sputum.

TABLE No. 2.

	No Sanatorium Treatment. Total 243.	Received Sanatorium Treatment. Total 191.
Alive in 1928	41 or 16.8 p. cent.	57 or 29.8 p. cent.
Transferred or lost sight of ...	19 or 7.8 „	22 or 11.5 „
Died within 1 month of notification	38 or 15.6 „	—
„ „ 3 months „	45 or 18·5 „	4 or 2.6 „
„ „ 6 „ „	37 or 15.2 „	7 or 3.6 „
Total died within 6 months of notification ...	120 or 49.3 „	11 or 5.7 „
Died within 9 months of notification	22 or 9.0 „	9 or 4.7 „
„ „ 12 „ „ „	13 or 5.3 „	23 or 11.6 „
Total died within 1 year of notification ...	155 or 63.8 „	43 or 22.5 „
Died within 2 years of notification	16 or 6.5 „	31 or 16.2 „
„ „ 3 „ „	3 or 0.12 „	11 or 5.7 „
„ „ 4 „ „	7 or 0.28 „	15 or 7.8 „
„ „ 5 „ „	2 or 0.08 „	12 or 6.3 „

Table No. 2 gives figures showing those who are still alive and the period after notification in which death occurred, together with the percentages. This table shows too the difficulty in making a comparison between the two sets of figures. Primarily sanatorium treatment was treatment for the earlier cases. In practice the number of earlier cases is comparatively small. It has therefore been our policy to send those cases in which, although the chances of recovery are small, there is the possibility of an arrest in the disease. That to a large extent accounts for the greater number not receiving sanatorium treatment. That also accounts for the large number who have died within six and nine months of notification. It also accounts for the small number of those who have received sanatorium treatment who have died within that period. In other words those who are sent to sanatorium are the cases which have appeared to those working at the Dispensary to have the greater chance of arrest of their disease. There are too a certain number who have refused sanatorium treatment and a better comparison would be made with these, but unfortunately they cannot be isolated from the other cases.

As it is, a fairer comparison would be obtained by disregarding all those lost sight of and those who died within 9 months of notification.

TABLE No. 3.

	No Sanatorium Treatment.	Sanatorium Treatment.
	243	191
Transferred, lost sight of, or died within 9 months	161	42
	82	149
Alive in 1928	41 or 50 p. cent.	57 or 38.2 p. cent.
Lived 9—12 months ...	13 or 15.8 p. cent.	23 or 15.3 p. cent.
„ 1—2 years ...	16 or 19.5 p. cent.	31 or 20.8 p. cent.
„ 2—3 „ ...	3 or 3.6 p. cent.	11 or 7.3 p. cent.
„ 3—4 „ ...	7 or 8.5 p. cent.	15 or 10.0 p. cent.
5 years or over ...	2 or 2.4 p. cent.	12 or 8.0 p. cent.

From Table 3 a somewhat different light is thrown on the subject. In this case we have subtracted all those cases which proved fatal within nine months of notification, and from the table as it now stands we get the nearest comparison which can be drawn between those treated in sanatorium and those who have not had institutional treatment.

The similarity in the percentages of the two columns suggests that the results of sanatorium treatment do not give any greater expectancy of prolonged life than in the case of the patient who stays at home.

The average length of sanatorium treatment for those who have since died was four months, but in the case of those still alive the average stay was five months. I don't think that the one month difference has been the determining factor in the end result. The average period of life for fatal cases after sanatorium treatment is 14½ months.

At the present time the cost of sanatorium treatment is 56/- per week—it has been higher; and on that figure each case has cost the Corporation approximately £50. For the expenditure of £50 per case three persons die in 14 months and one remains alive. Compare this with the non-sanatorium cases, where we have one in six living, but don't lose sight of the fact that the sanatorium cases are selected.

A writer on Tuberculosis has recently stated that "forty per cent. of humans suffer at some time or other in their lives from symptoms due to tuberculosis, but the great majority experience only a more or less transient ill-health; it is those with a low resistance, about 2 per cent., who provide us with the typical clinical picture of tuberculosis as described in text books, as legislated for and as campaigned against by Local Authorities and voluntary organisations.

If this assumption of 40% is correct, and personally I think it is an under estimate, it will give the Committee some idea of the problem which they have to confront. It is difficult to know when we are dealing with an early case. Clinicaly the lesion may be small, but how are we to know if that is a primary infection or if it is an old sore broken down through the lowered bodily resistance brought about by excessive mental and physical strain or an insufficiency of food? If it is a primary infection in a young adult then the outlook is poor; but if it is a breaking down of an old lesion then it remains to be seen as to what extent the patient can rebuild his bodily condition and counteract the toxins given out by the tubercle bacillus.

Another difficult type of patient to deal with is the adult case over 40 years of age. He comes with a small or large legion in his lungs, together with a chronic cough which he has probably had for years. What is to be done with him? He is a chronic carrier and has his own ideas as to how he proposes to conduct his habits, no matter what is said to him at the dispensary. He will

probably go on living for years whether he goes to sanatorium or not. There is the possibility of sanatorium training making him have a better understanding of his disease and the rights of other people, but the point is if that is worth £50 to the community at large.

The value of sanatorium treatment is this—that the patient is made to carry out a routine course of rest and graduated exercise while living under ideal conditions both as to housing and diet, and in addition is taught how he should carry on so as to minimise the risk of infection to others when he returns home. From that point of view I think the sanatorium system is ideal. To my mind the crucial period is the first six or nine months after leaving sanatorium. The economic question at once crops up. Housing conditions in most cases are unsatisfactory. A diet such as could be obtained from the dole or poor law relief is inadequate. A man may realise this and endeavour to find work, which may necessitate conditions or strain which are detrimental to his well being. A rapid transition from ideal to poor conditions is bound to be detrimental to any patient. This may seem to be rather a gloomy picture, but still many of them do manage to live through it.

This is by no means a full report but I trust that some of its substance will give members of the Committee material for thought, and also show more clearly some of the difficulties we are up against in dealing with the eradication of tuberculosis.

Public Health Act 1925, Sec. 62.

No persons suffering from tuberculosis were compulsorily removed to hospital as no facilities are available locally.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No persons suspected to be suffering from tuberculosis were employed in dairies.

Ultra Violet Light. (Appendix 25).

During the year we had a contract with the Hartlepools Hospital who, for the payment of £125, undertook to carry out "light" treatment for such patients as we sent along. Various types of non-pulmonary tuberculous patients received treatment and the following extracts from a report by Dr. Katherine Macfarlane on the results of treatment will be of interest :—

(a) Apparatus. Two mercury vapour lamps, two carbon lamps and one Tungston lamp; direct current is used for the carbon lamps and alternating for the mercury vapour (amperage 15).

(b) Diseases Treated. Tuberculosis of bone, joint, glands, abdomen, skin (lupus) and spine; empyema, marasmus, malnutrition and rickets in infants; various septic conditions such as skins, ulcers, varicose and others, and also general debility.

(c) Routine Course of Dosage—

Mercury Vapour Lamp—(1) General—commencing dose of 3 minutes, gradually increased to 15 minutes. (2) Local Application—3 to 10 minutes.

Carbon Lamp—Initial dose of 5 minutes, increasing up to 30 minutes.

(d) General Remarks.—The general opinion as to the brightness and alertness before and after treatment, shows beyond all doubt great progress made as a result of the artificial sunlight. Teachers are unamious that the mental capacity of children, who have had or are having this treatment, has been increased. Erythema was soon seen, but no real difference between course and delicate skins was noted. Fair haired patients after the first treatment complained of headache which was not seen in dark haired patients. The headache did not persist with subsequent treatment. The effect of light on local lesions was remarkable, especially cases of old standing varicose ulcers. These soon dried and healed, and so far no recurrences have been reported. Tubercular cases, generally, gave the most disappointing results, no real permanent progress of the lesion being reported, though the general condition of the patient improved. Great improvement was seen from the first in rickets, marasmus, strumous and septic conditions. This improvement was progressive and was maintained after treatment had been discontinued.

General Summary. The year 1928 must be considered a very satisfactory one from almost every point of view. The staple industries of the town have shown a slow but gradual improvement. This is reflected by the very great decrease which has occurred in the number of persons seeking poor law assistance. An increased spending power means better food coming into the homes and in consequence a building up of the body to withstand disease. Apart from a small outbreak of influenza at each end of the year the town has been remarkably free from any serious epidemics or waves of sickness which

were likely to undermine the health of its inhabitants, and the advent of a good summer did much to cheer things up generally. A low death rate and infantile mortality rate in conjunction with increased birth and marriage rate are all to the good of the town. The dearth of new houses and a modern isolation hospital are to be deplored, and lack of these necessities are bound to be to the detriment of the community at large, directly or indirectly.

That the people of the town are taking a greater interest in the public health is becoming more and more evident as the years go on. Their greater knowledge of the essentials of health will, if practiced—and that is the important factor—do much to make for happiness generally.

I have to express my thanks to the Health Committee for the support they have given to me during the year. To the officials of other departments I am grateful for the help and co-operation they have afforded me, and to my own staff I am indebted for their loyalty and the hearty manner in which they have carried out their respective duties.

I am, Ladies and Gentlemen,

Your obedient Servant,

GORDON LILICO.

APPENDIX 1.—PUBLIC HEALTH STAFF.

Medical Officer of Health, School Medical Officer, etc.—
*GORDON LILICO, M.B., Ch.B., D.P.H

Assistant Medical Officer of Health—Assistant School Medical Officer, etc.—
*ALFRED E. WALL, M.B., Ch.B, D.P.H.

Medical Inspectors of School Children (part time)—
*E. SEATON COCKELL, M.R.C.S., L.S.A.
†*EUSTACE SWANWICK, M.R.C.S, L.R.C.P.
‡*KATHERINE MACFARLANE, M.B., Ch.B.

Consultant Surgeon, Grantully Maternity Home (part time)—
*A. V. MACGREGOR, M.D., F.R.C.S.

Ophthalmic Surgeon (part time)—*J. R. FOSTER, M.B, F.R.C.S.

School Dentist (part time)—*E. W. MANNERS, L.D.S. (Dunelm).

Veterinary Surgeons to Corporation (part time)—
H. HICKS, M.R.C.V.S. BENJ. HOADLEY, M.R.C.V.S.

Sanitary Inspectors and Inspectors under Sale of Food and Drugs Acts—
HAROLD V. ROBINSON, C.R.S.I. JOHN T. DURKIN, C.R.S.I.

Health Visitors—
* MISS N. E. BRADSHAW (Part Gen. Trained, C.M.B. & H.V. Cer.).
*1MISS E. WILKINSON (Gen. Trained, C.M.B. & H.V. Cert.).
*2MISS B. FIDLER (Gen. Trained, C.M.B.).
* MISS F. MITCHELL (Gen. and Fever Trained & C.M.B.).
*3MISS H. FOSTER (Gen. Trained, C.M.B. & H.V. Cert.).
*4MISS K. BRENNAN (Gen. Trained, C.M.B. & H.V. Cert.).
*5MISS M. WILKINSON (Gen. Trained, C.M.B. & H.V. Cert.).
*6MISS E. F. J. SMITH (Gen. Trained & C.M.B.).

*Health Nurse—MISS E. PEACOCK (Gen. Trained & C.M.B.)

Grantully Maternity Home—
* 7MISS I. COOPER (Gen. Trained & C.M.B.).
* 8MISS J. WIGHT (Gen. Trained & C.M.B.).

School Nurses—* MISS E. SMITH (Gen. & Fever Trained, C.M.B. & H.V.Cert.).
* 9MISS M. WILKINSON (Gen. Trained & C.M.B.).
*10MISS H. DAVIES (Gen. Trained & C.M.B.).

Chief Clerk—11 T. B. CLARK, 12 D. J. WILLIAMS.
Clerks—MISS H. A. RIGBY, MISS M. PROUD.
Office Boy—13 S. RUTHERFORD, 14 JOHN SWALES.
Disinfectors—J. ALLEN, R. L. OLIVER.
Superintendent of Public Abattoir—J. WATSON.
Public Analyst (part time)—CYRIL J. H. STOCK, B.Sc., F.I.C.

* Contributions to salaries under Public Health Acts or by Exchequer Grants.
†Dr. Swanwick resigned 24/1/28. ‡Dr. Macfarlane appointed 1/4/28.
1 Miss E. Wilkinson six months' leave of absence 9/28.
2 Miss B. Fidler resigned 15/9/28. 3 Miss H. Foster resigned 21/4/28.
4 Miss K. Brennan appointed 5/7/28. 5 Miss M. Wilkinson appointed 7/9/28.
6 Miss E. F. J. Smith appointed temporarily 1/10/28.
7 Miss I. M. Cooper resigned 7/2/28. 8 Miss J. Wight appointed 8/3/28.
9 Miss M. Wilkinson resigned 9/28. 10 Miss H. M. Davies appointed 7/9/28.
11 Mr. T. B. Clark resigned 7/2/28. 12 Mr. D. J. Williams appointed 5/3/28.
13 S. Rutherford resigned 9/5/28. 14 J. Swales appointed 14/5/28.

APPENDIX 2.

GENERAL INFORMATION.

Area (Acres)	2,958
Population (1928) (Estimated)	69,800
Population (Census 1921)	68,641
No. of Inhabited Houses (Census 1921)	14,036
No. of Families or Separate Occupiers ... (Census 1921)	15,053
Rateable Value (1st April, 1928)	£301,663
Sum Represented by a Penny Rate	£1,094

APPENDIX 3.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	Total.		M.		F.	
Births –Legitimate	1,449	...	761	...	688	Birth Rate (R.G.) 21.6
Illegitimate	60	...	27	...	33	
Deaths ...	893	...	448	...	445	Death Rate (R.G.) 12.7.

Deaths of women dying in, or in consequence of, childbirth :—

From Sepsis	5
From other Causes ...	2

Deaths of Infants under one year of age per 1,000 Births:—

Legitimate, 67; Illegitimate, 3·8	Total·71
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages) ...	3
Deaths from Diarrhœa and Enteritis (under 2 years)	6

APPENDIX 4.

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY DURING 1928.

	Rate per 1,000 Total Population.		Annual Death Rate per 1,000 Population.									Rate per 1,000 Births		Percentage of Total Deaths.			
	Live Births.	Still-Births.	All Causes.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under 1 year.	Causes of Death Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M. no inquest.	Uncertified Causes of Death.
England and Wales	16·7	0·70	11·7	0·01	0·00	0·11	0·01	0·07	0·06	0·19	0·53	7·0	65	90·9	6.7	1·4	1·0
107 County Boroughs and Great Towns, including London	16·9	0·70	11·6	0·01	0·00	0·15	0·02	0·09	0·09	0·17	0·48	9·6	70	91·0	6.5	1·9	0·6
156 Smaller Towns (1921 adjusted populations, 20,000—50,000) ...	16·6	0·73	10·6	0·01	0·00	0·08	0·01	0·06	0·08	0·21	0·41	4·8	60	92·6	5.7	0.5	1·2
London	15·9	0·53	11·6	0·01	0·00	0·30	0·02	0·09	0·09	0·13	0·55	10·2	67	88·7	7.6	3·7	0·0
West Hartlepool ...	21·6	0.9	12·7	0 01	0·00	0·01	0·00	0·04	0·14	0·25	0·54	3·9	71	93·0	4.6	0 9	1·5

APPENDIX 5. BIRTHS.

	West Hartlepool	WARDS.								Inward Transfers	Outward Transfers
		North	West	Park	S.West	S. East	Central	N. East	Seaton		
Estimated population	69,800	8,663	8,385	8,783	10,652	9,425	10,958	8,443	4,491	—	—
No. of births	1,509	184	133	115	257	251	295	205	86	38	55
Birth rates	21·6	21·2	15·8	13·0	20·4	26·6	26·9	24·2	19·1	—	—
Percentage of total births	—	12·1	8·3	7·6	17·0	16·6	19·5	13·5	5·6	—	—

The natural increase of population was 616.

RATES.

1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
7·8	16·6	14·7	12·8	13·5	9·3	8·9	10·6	5·2	8·8

BIRTH RATES.

YEAR	West Hartlepool		England & Wales Birth Rate.
	No. of Births	Birth Rate.	
1919	1,677	23·9	18·5
1920	2,185	31·2	25·4
1921	2,002	28·8	22·4
1922	1,853	26·4	20·6
1923	1,740	24·5	19·7
1924	1,670	23·3	18·8
1925	1,599	22·3	18·3
1926	1,587	22·3	17·8
1927	1,441	20·1	16·7
1928	1,509	21·6	16·7

APPENDIX 6. MARRIAGES.

Year.	Number of marriages.	Marriage rate.
1919	899	25·5
1920	800	22·8
1921	594	17·1
1922	583	16·6
1923	543	15·3
1924	561	15·8
1925	539	15·05
1926	632	17·7
1927	563	15·7
1928	562	16·1

APPENDIX 7.—TABLE SHEWING CAUSES OF, AND AGES AT DEATH.

CAUSE OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring within or without the District.															Total Deaths whether of "Residents or Non-Residents" in Institutions in the District.	Increase or Decrease as compared with 1927.
	ALL AGES.	Under 1 year	1 and under 2	2 and under 3	3 and under 4	4 and under 5	5 and under 10	10 and under 15	15 and under 20	20 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Measles	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	— 1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Whooping Cough	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	— 10
Diphtheria and Membraneous Croup	10	1	3	...	2	...	4	...	...	...	...	...	...	...	...	...	— 2
Croup	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	+ 1
Fevers — Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Fevers — Enteric	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	+ 1
Fevers — Other Continued	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Epidemic Influenza	18	...	...	...	...	...	...	...	2	2	1	3	4	4	2	...	— 64
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Diarrhœa and Enteritis (under 2 years)	6	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	+ 3
Puerperal Fever and Puerperal Pyrexia	5	...	...	...	...	...	...	...	...	...	4	1	...	...	...	2	+ 4
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 4
Other Septic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 8
Phthisis	58	...	...	...	...	...	2	4	7	10	18	9	7	...	1	...	— 15
Tuberculous Meningitis	18	1	...	2	1	1	8	1	2	1	1	...	...	...	...	...	+ 10
Other Tuberculous Diseases	19	1	5	...	...	2	1	3	2	...	4	1	...	...	...	1	+ 8
Cancer, malignant disease	92	...	...	...	...	...	...	1	...	...	2	8	14	26	41	7	+ 2
Bronchitis	38	4	2	1	1	...	1	...	...	1	...	..	3	5	20	...	— 53
Pneumonia	105	15	10	8	5	2	9	5	3	2	6	5	14	10	11	3	— 53
Cerebro-Spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 1
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Encephalitis Lethargica	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	same
Pleurisy	2	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	same
Other Respiratory Diseases	18	...	1	1	...	...	...	1	...	...	1	...	1	2	11	...	— 5
Alcoholism and Cirrhosis of Liver	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	— 1
Venereal Diseases	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	+ 2
Malformations	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	3	+ 4
Debility	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Marasmus	19	17	2	...	...	...	...	...	...	...	...	...	...	...	...	...	+ 7
Premature Births	32	32	...	...	...	...	...	...	...	...	...	...	...	...	...	2	— 1
Diseases and Accidents of Parturition and Pregnancy	2	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	+ 1
Heart Disease	126	...	...	...	...	...	1	1	1	3	3	9	18	28	62	...	+ 29
Nephritis & Bright's Disease	19	1	...	...	...	...	1	...	...	1	2	2	5	5	2	...	— 4
Other Violent Deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 4
Suicides	5	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	— 7
Accidents	33	2	1	...	1	1	1	...	2	2	4	3	5	4	7	8	+ 4
Appendicitis	3	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	— 1
All Other Causes	238	14	2	5	...	2	7	2	5	3	5	9	23	35	126	15	— 19
TOTAL DEATHS	893	108	34	17	10	9	37	18	25	25	52	54	98	122	284	43	—177

APPENDIX 8.—THE DEATHS AS THEY OCCURRED IN THE WARDS.

CAUSE OF DEATH.	WARDS								Transferable deaths (Workhouse)	Other transferable deaths	Total
	North	West	Park	So West	So East	Central	N. East	Seaton			
Small Pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	1	...	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	1	2	...	...	...	...	...	3
Diphtheria and Membraneous Croup	...	1	...	...	...	...	1	...	...	8	10
Croup	...	...	...	...	...	...	1	...	...	...	1
Fevers — Typhus	...	...	...	...	...	...	...	...	...	...	...
Fevers — Enteric	...	...	...	...	...	...	...	...	...	1	1
Fevers — Other continued ...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza ...	2	2	1	3	1	2	1	2	3	1	18
Cholera	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa and Enteritis (under 2 years) ...	1	...	...	...	1	1	2	1	...	...	6
Puerperal Fever and Puerperal Pyrexia ...	...	1	...	...	...	1	1	...	2	...	5
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Other Septic Diseases ...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	3	2	4	6	7	15	1	2	17	1	58
Tuberculous Meningitis ...	1	2	...	2	4	1	1	3	4	...	18
Other Tuberculous Diseases	1	3	1	1	3	1	2	1	5	1	19
Cancer, malignant disease ...	10	11	8	14	3	12	4	5	15	10	92
Bronchitis	2	3	5	7	6	7	5	1	2	...	38
Pneumonia	9	5	6	13	10	22	15	2	22	1	105
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	...	...	1	...	...	...	...	...	...	1
Pleurisy	...	...	...	2	...	...	...	...	...	...	2
Other Respiratory Diseases...	1	5	2	...	1	1	...	1	6	1	18
Alcoholism and Cirrhosis of Liver	...	...	...	1	...	...	...	...	...	...	1
Venereal Diseases ...	...	...	...	...	...	1	...	...	1	...	2
Malformations	...	...	...	1	3	2	1	...	...	...	7
Debility	...	1	1	2	4	2	...	...	...	...	10
Marasmus	2	...	1	...	4	2	1	...	9	...	19
Premature Births ...	2	1	3	8	4	8	3	2	1	...	32
Diseases and Accidents of Parturition and Pregnancy	1	...	...	1	...	...	...	...	...	...	2
Heart Disease	11	8	16	18	13	17	10	5	24	4	126
Nephritis and Bright's Disease	...	2	2	3	2	1	2	1	4	2	19
Other Violent Deaths ...	...	...	...	...	...	...	...	...	...	...	...
Suicides	...	2	...	...	...	...	2	...	1	...	5
Accidents	...	2	1	4	2	6	3	1	6	8	33
Appendicitis	...	...	...	1	...	...	1	...	...	1	3
All Other Causes ...	20	21	30	13	22	23	21	9	59	20	238
TOTAL DEATHS ...	66	72	81	103	92	125	78	36	181	59	893

APPENDIX 9.—INFANT MORTALITY DURING THE YEAR.

Deaths from stated causes at various ages under 1 year of age.

CAUSE OF DEATH.	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1 month & under 3 months	3—6 months	6—9 months	9—12 months	Total deaths under 1 year
Whooping Cough ...	...	...	...	...	...	1	...	...	...	1
Diphtheria ...	...	...	...	...	...	...	...	...	1	1
Bronchitis ...	...	...	...	...	...	...	2	2	...	4
Pneumonia ...	...	...	...	...	...	2	5	5	3	15
Enteritis ...	...	...	...	...	...	...	...	...	1	1
Tuberculosis ...	...	...	...	...	...	...	...	...	2	2
Venereal Disease ...	...	...	...	...	...	...	...	1	...	1
Malformation ...	3	1	1	...	5	2	...	...	...	7
Debility ...	4	1	...	1	6	3	...	1	...	10
Marasmus ...	4	...	2	...	6	6	4	...	1	17
Premature Birth ...	25	3	2	...	30	2	...	...	...	32
Nephritis ...	...	...	...	...	...	...	...	...	1	1
Accidents ...	...	...	...	...	...	1	...	...	1	2
Convulsions ...	1	1	...	...	2	1	3	...	2	8
Other Causes ...	1	...	...	...	1	4	...	1	...	6
Totals ...	38	6	5	1	50	22	14	10	12	108
All Causes — Certified ...	37	6	5	1	49	20	14	10	12	105
All Causes — Uncertified ...	1	—	—	—	1	2	—	—	—	3

APPENDIX 10.—INFANT MORTALITY IN THE WARDS.

DISEASE.	North	West	Park	S. West	S. East	Central	N. East	Seaton	Deaths in Workhouse	Other transferable deaths	Total
Debility, Marasmus and Malformations ...	2	1	2	3	9	6	2	...	9	...	34
Whooping Cough	...	...	...	1	...	...	...	...	...	...	1
Bronchitis ...	...	...	...	...	2	1	1	...	...	...	4
Pneumonia ...	...	2	...	2	4	3	2	1	1	...	15
Enteritis ...	...	...	...	...	...	...	1	...	...	...	1
Tuberculosis ...	...	1	...	...	...	1	...	...	...	...	2
Premature Births	2	1	3	8	4	8	3	2	1	...	32
Diphtheria ...	...	...	...	...	...	...	...	...	...	1	1
Accidents ...	...	...	...	...	1	...	...	...	...	1	2
Convulsions ...	1	...	1	2	2	1	...	1	..	...	8
All other causes ...	1	...	...	...	1	2	1	1	...	2	8
Total ...	5	6	6	16	23	22	10	5	11	4	108

APPENDIX 11.—DEATHS.

	West Hartlepool.	WARDS								Transferable deaths.
		North	West	Park	S West	S East	Central	N East	Seaton	
Estimated population	69,800	8,663	8,385	8,783	10,652	9,425	10,958	8,443	4,491	—
No. of deaths	893	66	72	81	103	92	125	78	36	240
Death rates	12·7	7·6	8·5	9·2	9·6	9·7	11·4	8·2	8·0	—
Percentage of total deaths	- -	7·3	8·0	9·0	11·5	10·3	14·0	8·7	4·0	26·8

DEATH RATES.

Year.	West Hartlepool		England & Wales death rate
	No of deaths.	Death rate.	
1919	1,128	16·1	13·8
1920	1,019	14·5	12·4
1921	979	14·1	12·1
1922	956	13·6	12·9
1923	780	10·9	11·6
1924	1,000	13·9	12·2
1925	960	13·4	12·2
1926	833	11·7	11·6
1927	1,070	14·9	12·3
1928	893	12·7	11·7

APPENDIX 12.—TRANSFERABLE DEATHS.

Institution.	Males.	Females	Total
Hartlepool Union Infirmary	117	64	181
Port Sanitary Hospital, Hartlepool... ...	4	5	9
Hartlepools Hospital	8	7	15
Stockton and Thornaby Hospital	1	—	1
County Lunatic Asylum, Sedgefield ...	2	1	3
York County Asylum	1	1	2
Royal Victoria Infirmary, Newcastle ...	1	1	2
Other areas	16	11	27
Totals	150	90	240

APPENDIX 13.—INFANTILE MORTALITY RATES.

Year	West Hartlepool.			England & Wales Rate
	Births	Deaths.	Rate	
1919	1,677	189	112	89
1920	2,185	225	102	80
1921	2,002	192	95	83
1922	1 853	186	100	77
1923	1,740	160	91	69
1924	1,670	147	88	75
1925	1,599	163	101	75
1926	1,587	118	74	70
1927	1,441	142	98	69
1928	1,509	108	71	65

INFANT DEATHS.

WARD MORTALITY RATES.

	West Hartlepool	WARDS								Transferable births or deaths.
		North	West	Park	S West	S East	Central	N East	Seaton	
No. of births	1,509	184	133	115	257	251	295	205	86	—17
No. of deaths	108	5	6	6	16	23	22	10	5	+15
Infant mortality rate	71	27	45	52	62	91	74	48	58	—

The sexes of the children who died were:—

	1924	1925	1926	1927	1928
Males ...	86	87	66	82	66
Females ...	61	76	52	60	42
Totals ...	147	163	118	142	108

APPENDIX 14.

CANCER—DEATHS.

Year	No. of deaths.	Males.	Females.	Death rate.	Deaths from all causes.	Percentage of total deaths.
1919	90	42	48	1·28	1,128	7·9
1920	59	25	34	·84	1,019	5·8
1921	74	30	44	1·06	979	7·5
1922	82	40	42	1·18	956	8·5
1923	67	30	37	·94	780	8·6
1924	79	46	33	1·1	1,000	7·9
1925	97	47	50	1·3	960	10·1
1926	69	34	35	·97	833	8·2
1927	90	39	51	1·26	1,070	8·4
1928	92	45	47	1·3	893	10·3

APPENDIX 15.

CANCER DEATHS—PARTS OF BODY AFFECTED.

Parts affected	Age	Under 35		35 to 45		45 to 55		55 to 65		65 to 75		75 and up		Total	
	Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Peritoneum, Intestines and Rectum	...	...	...	...	...	2	4	4	2	6	2	4	2	16	10
Stomach, Liver, &c.	...	1	...	1	1	1	5	7	3	5	6	1	1	16	16
Reproductive Organs	...	...	...	...	3	...	...	...	1	1	...	...	...	1	4
Breast ...	...	...	...	...	...	...	...	...	3	...	2	...	1	...	6
Other Glands	...	...	...	...	1	...	...	...	...	...	...	1	1	1	2
Mouth ...	...	...	...	1	1	...	...	5	...	2	1	1	...	9	2
Bones ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Other Parts	...	...	2	...	...	1	1	...	...	...	3	1	...	2	6
Totals	...	1	2	2	6	4	10	16	10	14	14	8	5	45	47

The deaths were ascribed to :—

		No. of deaths
Carcinoma		71
Sarcoma		2
Epithelioma		4
Cancer (no classification)	...	15
Total	...	92

APPENDIX 16.

WEEKLY RETURN OF DEATHS FROM CHEST DISEASES.

Week ending :

Disease.	7th Jan.	14th Jan	21st Jan.	28th Jan	4th Feb.	11th Feb.	18th Feb.	25th Feb.	3rd Mar.	10th Mar.	17th Mar	24th Mar.	31st Mar.	7th Apl	14th Apl.	21st Apl	28th Apl.	5th May	12th May	19th May	26th May	2nd June	9th June	16th June	23rd June	30th June	7th July	
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Influenza ...	4	3	1	2	2	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
Phthisis ...	2	2	...	...	1	2	3	...	...	...	...	4	2	2	3	2	2	...	4	2	2	2	...	1	1	2	...	
Bronchitis ...	2	6	...	1	2	2	2	1	1	...	2	1	...	...	2	...	1	...	...	...	...	...	...	...	...	...	1	
Pneumonia ...	6	7	2	2	4	5	1	...	5	5	1	3	3	1	4	1	3	2	1	...	2	1	1	3	1	...	1	
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	
Heart Disease	5	...	6	...	2	3	4	1	1	3	2	...	3	5	2	6	2	4	1	2	3	4	2	1	4	3	5	
Other Respiratory Diseases ...	...	...	...	...	1	...	3	...	...	2	...	...	...	...	...	..	...	1	1	...	2	...	...	1	...	...	2	...
Totals ...	19	18	9	6	11	17	10	2	10	8	5	8	8	8	11	10	9	7	6	6	7	7	4	6	6	7	7	

Week ending :

Disease.	14th July	21st July	28th July	4th Aug.	11th Aug.	18th Aug.	25th Aug.	1st Sept.	8th Sept	15th Sept	22nd Sept	29th Sept	6th Oct.	13th Oct	20th Oct.	27th Oct.	3rd Nov.	10th Nov.	17th Nov.	24th Nov.	1st Dec.	8th Dec.	15th Dec.	22nd Dec.	29th Dec.	30th 31st Dec.	Total.
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	3
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	18
Phthisis ...	...	1	...	...	...	2	1	...	3	...	1	1	...	...	...	1	1	1	1	...	1	3	...	1	1	...	58
Bronchitis ...	...	...	...	...	...	...	1	...	1	...	...	1	1	...	...	...	...	1	2	1	...	1	1	1	2	1	38
Pneumonia ...	2	1	...	1	1	1	...	2	1	...	2	2	2	...	1	...	3	1	4	3	2	2	3	5	1	...	105
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Heart Disease	3	2	2	...	2	1	1	1	1	...	1	2	2	4	1	1	2	1	...	3	4	2	6	1	8	1	126
Other Respiratory Diseases ...	1	1	1	...	...	...	...	...	...	...	...	..	...	1	1	...	...	...	...	...	...	...	...	...	...	...	18
Totals ...	6	5	3	1	3	4	3	3	6	...	4	6	5	5	3	2	7	4	7	9	9	8	10	9	12	2	368

APPENDIX 17.—NOTIFIABLE DISEASES DURING THE YEAR. HOSPITAL TREATMENT.

DISEASE.	Total Cases notified.	No. of such cases admitted to hospital.	Total deaths.
Smallpox	1	1	—
Diphtheria	108	67	10
Scarlet Fever	136	81	—
Puerperal Fever	4	1	4
Puerperal Pyrexia	19	4	1
Pneumonia	268	16	105
Other diseases, generally notifiable—			
Chickenpox	674	—	—
Erysipelas	31	3	—
Ophthalmia Neonatorum	22	3	—
Encephalitis Lethargica	1	—	1
Typhoid Fever	1	1	1
Poliomyelitis	1	—	—
Dysentery	1	—	—
Malaria	1	—	—
Tuberculosis—			
(a) Pulmonary ... Males ...	53	26	29
(a) Pulmonary ... Females ...	46	12	29
(a) Pulmonary ... Total ...	99	38	58
(b) Non-Pulmonary Males ...	41	24	18
(b) Non-Pulmonary Females ...	42	29	19
(b) Non-Pulmonary Total ...	83	53	37

DISEASE.	HOSPITAL.							Total
	Grant'lly M'ternity Home	Cameron Hospital	Howbeck Infirm'ry	Hartle-pools Hospital	Port Sanitary Hospital	M'sboro' Smallpox Hospital	Royl Vic. Infirm'ry N/castle.	
Smallpox	...	...	...	...	...	1	...	1
Diphtheria	...	...	...	...	67	...	...	67
Scarlet Fever ...	...	...	...	...	81	...	...	81
Puerperal Fever ...	1	...	...	...	...	...	...	1
Puerperal Pyrexia ...	2	...	2	...	...	...	...	4
Pneumonia	...	...	16	...	...	...	...	16
Typhoid Fever ...	...	...	...	...	1	...	...	1
Erysipelas	...	...	1	...	2	...	...	3
Ophthalmia Neonatorum	1	...	2	...	...	...	...	3
Encephalitis Lethargica	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	...	...	38	...	...	...	...	38
Non-Pulmonary Tuberculosis	...	1	41	10	...	...	1	53
Totals	4	1	100	10	151	1	1	268

Disease	Cases			Vision un-impaired	Vision impaired	Total blind-ness	Deaths
	Notified	Treated					
		At home	Hospital				
Ophthalmia Neonatorum...	22	19	3	20	1	1	1A

A Died from Pneumonia.

APPENDIX 18.

NOTIFIED CASES OF INFECTIOUS DISEASES, 1909—1928.

Disease.	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Smallpox	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	30	11	4	1
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	252*a*	117*b*	394	674
Scarlet Fever	299	192	118	151	330	146	78	61	32	117	506	213	142	96	167	327	254	242	138	136
Diphtheria (including Membraneous Croup ...	60	72	66	92	69	29	43	37	25	32	31	55	39	20	37	43	41	52	97	108
Erysipelas	24	29	20	26	35	44	35	18	23	31	30	23	19	20	18	27	27	26	19	31
Enteric Fever	9	17	17	15	7	16	11	9	1	7	4	5	8	3	5	8	2	...	4	1
Puerperal Fever... ...	...	2	1	2	1	3	1	4	4	4	7	8	6	10	9	5	5	3	3	4
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	11	17	19
Cerebro-Spinal Meningitis ...	...	...	...	...	...	1	...	6	3	3	7	2	1	...	...	...	1	...	...	...
Poliomyelitis	...	...	...	...	...	...	1	...	...	...	2	1	...	2	3	...	...	...	...	1
Pulmonary Tuberculosis ...	...	...	31	164	211	112	127	104	134	175	118	91	130	104	100	82	89	104	113	99
Other Forms of Tuberculosis	...	...	...	...	152	85	79	103	117	87	51	77	64	65	64	47	70	97	68	83
Ophthalmia Neonatorum ...	...	...	...	...	7	25	21	42	35	41	49	62	28	39	24	19	14	22	11	22
Measles	...	...	...	...	...	...	...	39	1694	1835	308	*c*	*c*	*c*	*c*	*c*	*c*		*c*	*c*
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	5	1	2	2	1
Polioencephalitis ...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	1	...	...	...	...	1
Malaria	...	...	...	...	...	...	...	...	...	...	45	3	...	...	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	...	...	...	...	117	156	115	133	110	257	219	88	319	268
Totals ...	392	313	253	452	812	461	396	423	2068	2332	1282	701	552	492	538	820	1005	775	1189	1450

a—Notifiable for 6 months of year. *b*—Notifiable from 29-9-26. *c*—No longer notifiable.

APPENDIX 19.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES—NOTIFIED CASES, 1928.

DISEASE	Cases notified in whole district.													Ward distribution of cases.								No of cases removed to hospital	Total deaths in the Borough
	At all ages	At age groups—years.												N'th	West	Park	S West	S East	Central	N East	Seaton		
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and Up										
Smallpox	1	...	...	...	...	...	...	...	...	...	1	...	...	...	..	...	...	...	...	1	...	1	...
Chickenpox	674	28	41	61	55	67	385	31	5	1	...	...	...	100	83	65	68	134	123	68	33	...	...
Scarlet Fever ...	136	3	...	5	8	12	62	23	9	11	3	...	...	15	22	18	38	23	6	3	11	81	...
Typhoid Fever ...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1
Diphtheria	108	1	9	3	5	10	47	14	9	9	1	..	...	17	13	14	21	11	12	13	7	67	10
Puerperal Fever ...	4	...	...	...	...	...	...	...	...	4	...	...	...	...	1	...	...	2	1	...	...	...	4
Puerperal Pyrexia ...	19	...	...	...	...	...	...	...	2	15	2	...	...	1	...	1	3	7	1	4	2	2	1
Pneumonia	268	6	18	13	11	12	57	28	20	32	26	36	9	28	18	22	42	69	54	20	15	16	105
Erysipelas	31	...	1	...	...	...	...	...	2	5	5	14	4	4	5	2	5	2	8	4	1	3	...
Ophthalmia Neonatorum	22	22	...	...	...	...	...	...	.	...	...	...	...	2	5	1	2	4	5	3	...	2	...
Encephalitis Lethargica	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1
Poliomyelitis ...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Dysentery	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
Malaria	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Pulmonary Tuberculosis	99	...	3	1	...	2	8	3	13	39	13	16	1	10	7	5	18	16	27	12	4	38	58
Non-Pulmonary Tuberculosis	83	5	12	4	3	3	27	13	7	6	2	1	...	10	12	4	5	13	20	15	4	53	37
Totals... ...	1450	65	84	87	82	107	586	112	68	124	53	68	14	188	167	133	203	281	257	144	77	264	217

APPENDIX 20.—VACCINATION STATISTICS.

	Number
Births registered	1,526
Successfully vaccinated...	1,015
Conscientious objectors	273
Died unvaccinated	85
Insusceptible	5
Postponed by medical certificate	58
Removed to other districts	15
Lost sight of	17
Still under notice	58

Percentage of unvaccinated children for past 10 years:

1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
20.3%	26.1%	28.3%	25.3%	19.8%	16.8%	15.6%	16.3%	16.5%	17 8%

APPENDIX 21.

TUBERCULOSIS—No. of cases on register, 31-12-28.

PULMONARY.			NON-PULMONARY.			TOTAL CASES.
Males.	Females.	Total.	Males.	Females.	Total.	
147	116	263	174	164	338	601

APPENDIX 22.

TUBERCULOSIS—New cases and mortality during 1928.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary.	
	M	F	M	F	M	F	M	F
0	—	—	2	3	—	—	1	1
1 year ...	3	3	14	8	—	—	6	5
5 years ...	4	4	12	15	—	2	3	6
10 ,, ...	2	1	6	7	2	1	4	—
15 ,, ...	5	8	3	4	3	5	1	3
20 ,, ...	11	8	3	—	5	6	1	—
25 ,, ...	9	11	—	3	8	9	1	4
35 ,, ...	6	7	—	2	4	5	1	—
45 ,, ...	11	3	1	—	7	—	—	—
55 ,, ...	2	—	—	—	—	—	—	—
65 ,, and upwards	—	1	—	—	—	1	—	—
Totals ...	53	46	41	42	29	29	18	19

APPENDIX 23.

ALL NOTIFIED CASES OF TUBERCULOSIS, 1928.

AGES.	Pulmonary			Abdominal			Meninges			Joints			Spine			Other Organs			Disseminated			All Forms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1 year	..	...	...	1	1	2	...	1	1	...	1	1	...	...	...	1	...	1	...	...	...	2	3	5
1 and under 2	2	1	3	3	...	3	1	1	2	...	1	1	...	...	...	2	2	4	1	1	2	9	6	15
2—3	1	...	1	...	...	...	1	1	2	...	...	...	...		...	1	1	2	...	...	...	3	2	5
3—4	...	...	...	...	...	...	...	1	1	1	...	1	1	...	1	...	...	...	...	...	...	2	1	3
4—5	...	2	2	1	...	1	1	...	1	...	...	...	...	..	...	1	...	1	...	...	...	3	2	5
5—10	4	4	8	1	3	4	2	5	7	...	1	1	...	...	...	9	6	15	...	...	...	16	19	35
10—15	2	1	3	...	1	1	1	...	1	...	2	2	1	...	1	4	4	8	...	...	...	8	8	16
15—20	5	8	13	...	...	...	2	1	3	...	...	...	...	...	...	1	3	4	...	...	...	8	12	20
20—25	11	8	19	...	...	...	...	...	...	2	...	2	1	...	1	...	...	...	...	...	...	14	8	22
25—35	9	11	20	...	1	1	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...	9	14	23
35—45	6	7	13	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	6	9	15
45—55	11	3	14	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	12	3	15
55—65	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Over 65	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Totals	53	46	99	6	6	12	8	11	19	4	5	9	3	1	4	19	18	37	1	1	2	94	88	182

APPENDIX 24.

TUBERCULOSIS.

RESIDENTIAL INSTITUTIONS.

(A)—Average number of beds available for patients during the year 1928.

	Observation	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		TOTAL
		Sanatorium beds	Hospital beds	Disease of Bones & Joints	Other conditions	
Adult Males...	...	5	...	...	...	5
Adult Females	...	5	...	...	...	5
Children under 15	...	5	...	3	...	8
Total	...	15	...	3	...	18

(B)—Return showing the extent of residential treatment during the year 1928.

			In institutions on Jan. 1.	Admitted during the year	Discharged during the year	Died in the institution	In institutions on Dec. 31.
Number of patients ...	Adults	M	2	7	7	...	2
		F	1	8	6	...	3
	Children	M	7	5	8	...	4
		F	6	7	7	1	5
Number of observation cases	Adults	M	...	1	1	...	...
		F	...	...	...	...	...
	Children	M	...	...	...	...	...
		F	...	...	...	...	...
Total ...		...	16	28	29	1	14

APPENDIX 25.

TUBERCULOSIS.

(A)—AVERAGE RESIDENCE AND COST.

SANATORIUM TREATMENT.

Name of Sanatorium.	Form of Disease		Total days residence	Average residence per patient (days)	Total Cost.		
	Pulmonary	Non-Pulmonary			£	s	d
Barrasford	19	...	2,023	106	817	8	3
Stannington	19	6	3,853	154	1,314	11	10
Total	38	6	5,876	133	2,132	0	1

NOTE—Children were sent to Stannington and adults to Barrasford.

(B)—SURGICAL TREATMENT.

Institution.	Form of disease			Total days residence	Average days residence per patient	Cos		
	Abdominal	Bones and Joints	Glands			£	s	d
Hartlepools Hospital	1	5	9	771	51	220	10	10

(C)—ULTRA VIOLET RAYS.

Patients were given "Light" Treatment at the Hartlepools Hospital at an agreed figure of £31 5s. 0d. per quarter, up to 30th September, 1928, and from 1st October, 1928, at an agreed figure of 1/6 per attendance.

APPENDIX 26.—Tuberculosis.

Return showing the Work of the Dispensary during the year 1928.

DIAGNOSIS.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children		Adults.		Children.		Adults.		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A—New cases examined during the year (excluding contacts)												
(*a*) Definitely tuberculous ...	22	17	3	4	5	3	21	17	27	20	24	21
(*b*) Doubtfully tuberculous...	...	...	...	...	...	...	...	...	2	1	3	...
(*c*) Non-tuberculous... ...	...	...	...	...	...	...	...	...	10	6	18	22
B—Contacts examined during the year :—												
(*a*) Definitely tuberculous ...	...	...	3	2	...	...	2	1	...	...	5	3
(*b*) Doubtfully tuberculous...	...	...	...	...	...	...	...	...	1	1	1	1
(*c*) Non-tuberculous... ...	...	...	...	...	...	...	...	...	4	3	19	22
C—Cases written off the dispensary register as												
(*a*) Cured	...	1	...	...	2	...	1	...	2	1	1	...
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	...	...	...	...	...	...	...	...	19	13	43	45
D—Number of persons on dispensary register on December 31st :—												
(*a*) Diagnosis completed ...	55	46	17	18	20	28	70	48	75	74	87	66
(*b*) Diagnosis not completed	...	...	...	...	...	...	...	...	3	3	4	1

1.	Number of persons on dispensary register on January 1st ...	260
2.	Number of patients transferred from other areas and of "lost sight of" cases returned ...	10
3.	Number of patients transferred to other areas and cases "lost sight of"	22
4.	Died during the year	25
5.	Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months	4
6.	Number of attendances at the dispensary (including contacts)	1,200
7.	Number of attendances of non-pulmonary cases at orthopaedic out-stations for treatment or supervision	...
8.	Number of attendances, at general hospitals or other institutions approved for the purpose, of patients for	
	(*a*) "Light" treatment ...	2,195
	(*b*) Other special forms of treatment	...
9.	Number of patients to whom dental treatment was given, at or in connection with the dispensary	3
10	Number of consultations with medical practitioners :—	
	(*a*) At homes of applicants ...	9
	(*b*) Otherwise	63
11.	Number of other visits by Tuberculosis Officers to homes ...	
12.	Number of visits by nurses or health visitors to homes for dispensary purposes	1,288
13.	Number of	
	(*a*) Specimens of sputum, &c., examined (227 specimens examined for Drs.)	270
	(*b*) X-ray examinations made in connection with dispensary work	
14.	Number of insured persons on dispensary register on the 31st December	92
15.	Number of insured persons under domiciliary treatment on the 31st December ...	17
16.	Number of reports received during the year in respect of insured persons :—	
	(*a*) Form G.P. 17	29
	(*b*) Form G.P. 36	7

APPENDIX 27.—Tuberculosis.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from residential institutions during the year 1928.

Condition at time of discharge.	Duration of residential treatment in institution.												Total.
	Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
	M.	F.	Ch.	M.	F	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class 1.D. minus. to the institution.													
Quiescent	...	...	...	...	...	2	...	...	8	...	...	1	11
Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in institution ...	...	...	...	...	...	...	...	..	...	...	...	...	...
plus. Group 1.													
Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	
Improved	1	...	...	1	...	...	...	...	...	...	...	...	2
No material improvement	...	...	...	...	...	...	...	1	...	...	...	...	1
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
plus. Group 2													
Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved	1	...	...	1	1	...	...	2	...	...	...	...	5
No material improvement	...	1	...	...	...	...	...	...	...	...	...	...	1
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
plus. Group 3													
Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	2	1	...	1	...	...	...	...	...	...	...	...	4
Died in institution ...	...	...	...	...	...	...	...	...	1	...	...	...	1
Joints.													
Quiescent or arrested ...	...	...	...	...	...	1	...	...	1	...	...	1	3
Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal													
Quiescent or arrested ...	...	...	...	...	...	1	...	...	...	...	...	...	1
Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Organs													
Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved	...	...	...	...	...	...	...	...	...	...	...	...	..
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glands.													
Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Under 1 week			1—2 weeks.			2—4 weeks			More than 4 weeks.			
of diagnosis.													
Tuberculous	...	...	...	...	...	...	...	...	...	1	...	...	1
Non-tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
Doubtful	...	...	...	...	...	...	...	...	...	...	...	...	...

APPENDIX 30.

Summary (for reference) of nursing arrangements, hospitals and other institutions in the district.

1. Professional nursing in the home.
 (a) General—This is carried on by the Voluntary Nursing Association.
 (b) Infectious Diseases—All cases of Ophthalmia Neonatorum and certain cases of Pneumonia and Puerperal Fever are undertaken by the Health Visitors.
 (c) Midwives—Names and addresses of midwives practising in district are shown in Appendix 32.

2. Hospitals and other institutions in the district.
 (a) General—Cameron Hospital.
 (b) Maternity—Grantully Maternity Home.

APPENDIX 31—CLINICS AND TREATMENT CENTRES.

Situation.	Nature of accommodation	By whom provided	Remarks.
Maternity Centres:—			
St. Oswald's Mission Room, Dale Street	2 rooms	Local Authority	1 Session weekly
Men's Club, Ashburn Street, Seaton Carew	2 rooms	,,	1 Session weekly
Mission Room, Alice Street	1 room	,,	1 Session weekly
St. James' Mission Room, Whitby Street... ...	3 rooms	,,	1 Session weekly
Ante-Natal Clinic:—			
Grantully Maternity Home	1 room	,,	1 Session weekly
School Clinic:—			
Mill House, Stranton ...	4 rooms	,,	4 minor ailments clinic weekly 4 dental clinics weekly 2 ophthalmic clinics weekly
Tuberculosis Dispensary:—			
Mill House, Stranton ...	3 rooms	,,	2 clinics weekly
Venereal Diseases Clinic:—			
Mill House, Stranton ...	3 rooms	,,	3 clinics weekly Men 2; Women 1

APPENDIX 28.—TUBERCULOSIS.

PULMONARY TUBERCULOSIS.

Annual return showing in summary form the condition of all patients whose case records are in the possession of the dispensary at the end of 1928, arranged according to the years in which the patients first came under public medical treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.					1926.					1927.					1928.				
			Class T.B. minus	Class T.B. plus.				Class T.B minus	Class T.B. plus.				Class T.B. minus	Class T.B. plus				Class T.B. Minus	Class T.B. Plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T B. plus)		Group 1	Group 2	Group 3	Total (Class T B. plus)		Group 1	Group 2	Group 3	Total (Class T.B Plus)
ALIVE. Discharged as cured	Adults	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Children	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disease arrested	Adults	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Children	M	1	1	...	...	1	..	...	...	...	...	...	...	...	...	...	...	...	..	...	...
		F	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disease not arrested	Adults	M	1	1	2	6	9	...	...	2	1	3	1	5	6	2	13	2	6	4	4	14
		F	5	2	1	4	7	3	...	4	...	4	1	1	3	1	5	...	3	4	5	12
	Children	M	6	...	...	...	...	3	...	...	...	...	6	...	...	...	...	3	...	...	...	...
		F	1	...	...	...	...	3	...	...	...	...	5	...	...	...	...	7	...	...	...	..
Condition not ascertained during the year			1	1	1	...	2	4	1	...	1	2	2	...	...	...	...	...	...	...	..	...
Lost sight of or otherwise removed from dispensary register			9	1	2	2	5	2	2	...	2	4	3	2	2	1	5	4	...	1	1	2
DEAD	Adults	M	...	1	2	4	7	...	1	3	10	14	1	1	3	1	5	...	...	...	4	4
		F	1	1	1	...	2	...	1	1	7	9	...	...	...	4	4	1	...	...	2	2
	Children	M	2	...	...	1	1	2	...	...	...	...	3	...	...	1	1	...	...	...	...	...
		F	2	...	...	1	1	...	...	...	...	...	1	1	...	1	2	...	...	...	...	...
Totals... ...			43	8	9	18	35	18	5	10	21	36	23	10	14	11	35	17	9	9	16	34

APPENDIX 29.—TUBERCULOSIS.

NON-PULMONARY TUBERCULOSIS.

Annual return showing in summary form the condition of all patients whose case records are in the possession of the dispensary at the end of 1928, arranged according to the years in which the patients first came under public medical treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926					1926.					1927.					1928.				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
ALIVE. Discharged as cured	Adults	M	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Children	M	4	2	...	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	1	1	...	2	4	...	...	...	...	...	...	...	...	...		...	...	...		...
Disease arrested	Adults	M	1	...	...	...	1	...	...	...	...	...	...	...	1	...	1	1	...	...	...	1
		F	...	...	2	...	2	...	...	...	1	1	...	...	...	3	3	...	...	...	2	2
	Children	M	6	...	3	5	14	7	1	1	6	15	3	1	...	5	9	2	...	...	7	9
		F	1	...	...	5	6	3	1	1	4	9	2	1	...	3	6	2	1	...	3	6
Disease not arrested	Adults	M	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	3	...	1	...	4
		F	...	..	3	1	4	...	...	1	...	1	...	...	...	1	1	1	...	...	...	1
	Children	M	1	...	2	...	3	...	...	2	3	5	1	...	2	1	4	3	1	1	8	13
		F	...	...	4	3	7	2	...	1	...	3	...	...	1	...	1	2	3	...	7	12
Transferred to Pulmonary			...	2	1	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year			2	...	1	6	9	...	1	1	2	4	5	...	...	2	7	...	...	...	...	...
Lost sight of or otherwise removed from dispensary register			4	2	4	3	13	2	...	3	2	7	...	...	...	2	2	1	...	...	...	1
DEAD	Adults	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Children	M	...	1	...	...	1	1	...	...	1	2	1	...	...	...	1	...	...	...	...	...
		F	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	..	...
Totals... ...			22	9	20	28	79	17	3	11	19	50	12	2	4	17	35	15	5	2	27	49

APPENDIX 32.

Midwives Act, 1902.

MIDWIVES ON ROLL, 1928.

No. on Midwives Roll.	Date of Certificate.	Name.	Address.
53585	13th April, 1921,	Mrs. D. Barlow,	4, Jesmond Road.
56187	11th February, 1922,	Mrs. I. Batey,	95, Alma Street.
39605	21st February, 1914,	Mrs. M. G. Craven,	127, York Road.
46066	11th August, 1916,	Miss H. E. Granger,	"Amalinda," Windermere Road.
41264	20th February, 1915,	Miss A. Nixon,	Nursing Home, Eldon Grove.
53519	14th June, 1924,	Mrs. M. A. Mitchell,	98, Chatham Road.
54019	9th August, 1924,	Mrs. M. Massey,	46, Brunswick Street, (Removed to Ireland).
53984	9th August, 1924,	Miss E. King,	51, Tower Street.
57935	12th December, 1925,	Mrs. B. Phillips,	39, Stockton Road.
58626	14th October, 1922.	Miss E. A. Street,	28, Windsor Street, (Removed to Newcastle).
57863	31st December, 1925,	Mrs. O. Kay,	1, Lucan Street.
53761	28th October, 1911,	Mrs. A. E. Skeen,	67, South Parade.
60171	16th December, 1926,	Miss M. Peart,	191, Alma Street.
59658	14th August, 1926	Mrs. C. F. Montgomerie,	51, Collingwood Road.
62784	25th February, 1928,	Miss H. E. Hutchinson,	51, Clarendon Road.
58706	10th May, 1919,	Mrs. J. A. Coward,	67, South Parade.
55581	21st August, 1923,	Miss J. Wright,	Grantully Maternity Home.
60659	24th February, 1927,	Miss O. Prentice,	Grantully Maternity Home.
58166	9th August, 1922,	Miss G. M. Wilkinson,	Grantully Maternity Home.
62839	25th February, 1928,	Miss H. L. McKendrick,	Grantully Maternity Home.
63278	16th May, 1928,	Miss J. Garbutt,	Grantully Maternity Home.

APPENDIX 33.

CONDITIONS FOR WHICH DOCTORS WERE SUMMONED IN AN EMERGENCY BY MIDWIVES.

The figures in brackets indicate insured cases.

PREGNANCY—		
Miscarriage	2	
Abortion	3	
Swelling of Legs and Feet	2	(1)
Albumen in Urine	7	
Ante Partum Hæmorrhage	2	
No Feotal Movements	1	
Fits during Pregnancy	1	
Illness of Expectant Mother	8	(1)
	26	(2)
LABOUR—		
Prolonged	59	(22)
Torn Perineum	42	(27)
Persistent Occipito Posterior	3	(2)
Breech Presentation	6	(2)
Impacted Breech	5	
Retained & Incomplete Placenta	8	(4)
Transverse Position	1	(1)
Prolapse of Uterus	1	
Rigid Perineum	1	
Retained Membrane	3	
Prolapse of Cord	3	
Placenta Praevia	1	
Face Presentation	1	
Inflamed Breasts	1	
Sores on Genitals	1	
Eclampsia	2	(1)
Feotal Distress	1	
	139	(59)
PUERPERIUM—		
Rise of Temperature	9	(3)
P.P. Haemorrhage	15	(1)
Syncope	2	(1)
Collapse	2	
Difficult Breathing and Cough	1	
Illness of Mother	17	(7)
	46	(12)
INFANT—		
Stillbirth	13	(3)
Discharge from Eyes	14	(4)
Hare Lip and Cleft Palate	2	
White Asphyxia	1	
Blue Asphyxia	1	(1)
Feebleness of Infant	12	(1)
Weakness of Infant	2	(1)
Prematurity	6	
Jaundice	4	(1)
Tongue Tie	5	(2)
Haemorrhage of Umbilicus	2	
Malformation	3	
Spina Bifida	2	(1)
Rash on Child	3	
Inflammation of Penis	1	
	71	(14)
Total	282	(87)

APPENDIX 34.

ANTE-NATAL AND INFANT WELFARE CENTRES.

Centre	Total No. of children att'nding Centre	Total attend-ances	No of children who made first attend-ances	No. of visits made by these children	No. of children who attended previous years	No. of visits made by these children	No. of new att'nders under one year of age	No. of new att'nders between 1—5 years	Ante-natal
Grantully ...	. .	96	...	...	...	...	...	...	96
Dale Street ...	532	3248	312	1976	220	1272	219	93	...
Alice Street ..	302	2271	174	1318	128	953	125	49	...
Seaton Carew	55	383	22	104	33	279	15	7	...
Whitby Street	592	3425	331	2065	261	1360	225	106	...
Totals ...	1481	9423	839	5463	642	3864	584	255	96

APPENDIX 35.

DEFECTS FOUND IN INFANTS ATTENDING AT CENTRES.

DISEASE	CENTRE				Total
	Dale St.	Alice St.	Seaton	Whitby St.	
Debility	—	—	—	22	22
Rickets	13	7	2	20	42
Hernia	12	9	—	22	43
Bronchitis	8	5	—	5	18
Diarrhœa, sickness, due to improper feeding, &c.	10	4	—	12	26
Skin disease	18	4	2	19	43
Phimosis	6	4	1	9	20
Improper feeding ...	—	—	—	34	34
Over feeding	—	—	—	25	25
Tonsils and Adenoids ...	1	—	—	2	3
Dental treatment required ...	4	1	1	8	14
Blepharitis	—	1	—	—	1
Jaundice	—	—	—	1	1
Constipation	10	2	—	10	22
Paralysis	—	—	—	2	2
Otorrhœa	—	—	—	2	2
Other Defects	24	11	1	22	58
Totals ...	106	48	7	215	376

APPENDIX 36.—METHODS OF FEEDING (First Attenders).

Method.	All Centres		Total
	Regular hours	Irregular hours	
Natural (breast)	331	112	443
Artificial (various)	121	49	170
Combined (natural and artificial) ...	33	12	45
Children over 1 year—various diets ...	197	13	210
Breast feeding over 1 year of age ...	—	3	3
Totals	682	189	871

APPENDIX 37.—MATERNITY AND CHILD WELFARE

Statistics for the year 1928.

Population According to the Census of 1921, 68,641.

BIRTHS—

Registered	(1) Legitimate, 1449	(2) Illegitimate, 60	(3) Total, 1509
Notified within 36 hours of birth	(1) Live Births, 1330	(2) Still Births, 63	(3) Total, 1393
	(1) By Midwives, 824	(2) By Parents and Doctors, 569	

INFANT DEATHS—

Number	(1) Legitimate, 102	(2) Illegitimate, 6	(3) Total, 108
Rate per 1,000 births	(1) Legitimate, 67	(2) Illegitimate, 4	(3) Total, 71

MATERNAL DEATHS—

Number of women dying in, or in consequence of, childbirth—

(a) From Sepsis, 5. (b) Other causes, 2.

MIDWIVES—

Number practising in the district (1) Trained, 21 (2) Untrained, —

Number of cases attended in 1928, 870.

Number of cases in which medical aid was summoned, 282.

Number of maternal deaths notified in accordance with Rule E 22 (1) (b) of the Central Midwives Board, 5.

MATERNITY HOMES—

Number registered at 31st December, 1928, under the Nursing Homes Registration Act, 1927. (This includes Homes carried on by persons previously registered under Part II of the Midwives and Maternity Homes Aet, 1926, or under Local Acts which provided for the registration of Maternity Homes,)—(See Section 12 (3) of the Act of 1927), 2.

Number of Institutions exempted under Section 11 of the Act of 1926 or Sections 6 and 7 of the Act of 1927, 2.

HEALTH VISITORS. Visits paid by Health Visitors during the year:—

To Expectant Mothers	(1) First Visits, --	(2) Total Visits, 2278
To Infants under 1	(1) First Visits, 1415	(2) Total Visits, 5466
To Children 1—5	Total Visits, 5490	

MUNICIPAL CENTRES AND CLINICS.

Address	Whether sessions are held weekly or fortnightly, etc.	Day and time of meeting	Average attendance per session		Number who attended for the first time		Present arrangements for medical supervision
			Expectant mothers	Children	Expectant mothers	Children	
Dale St. Mission ...	Weekly	Monday, 2-30 p.m.	...	72	...	312	Assistant M.O.H.
Alice St. Mission ...	Weekly	Wed., 2-30 p.m.	...	45	...	174	Assistant M.O.H.
Men's Club, Seaton Carew ...	Weekly	Wed., 2-30 p.m.	...	8	...	22	M.O.H.
Whitby St. Mission	Weekly	Thursday, 2-30 p.m.	...	66	...	331	Assistant M.O.H.
"Grantully" Maternity Home	Weekly	Friday, 2-30 p.m.	2	...	50	...	Assistant M.O.H.

INFECTIOUS DISEASES.

	Number of cases notified	Number of cases visited	Arrangements made for nursing and terms	Number of cases nursed	Number of cases removed to Hospital
Ophthalmia Neonatorum	22	22	Health visitors under doctors instructions	10	3
Puerperal Fever ...	4	3	Health nurse under doctors instructions	1	1
Puerperal Pyrexia...	19	15	Health nurse under doctors instructions	5	4
Poliomyelitis (Children under 5)	1	1	Following up is carried out by the health visitors	—	—

APPENDIX 38.

WORK OF THE HEALTH VISITORS.

	Primary	Second'ry	Total
Maternity and Child Welfare :—			
Visits to children under one year of age	1415	4051	5466
Visits to children between one and five years... ...	...	...	5490
Visits for complications in mother (treatment) ...	18	148	166
Visits to cases of ophthalmia neonatorum	22	154	176
Visits to expectant mothers	...	...	2278
Visits to midwives	...	...	89
Tuberculosis .—			
Visits to cases	111	1173	1284
Health Work :—			
Visits to cases of pneumonia	251	...	251
Cases of pneumonia receiving treatment	...	109	109
Treatment of ears	...	...	56
Treatment of eyes	...	...	158
Visits to mental defectives	...	...	31
Visits for treatment of V.D. patients	...	...	19
Visits for treatment of puerperal fever	3	13	16
Visits for treatment of puerperal pyrexia	15	135	150
*School Work :—			
Visits to schools	...	...	8
Visits to schools with S.M.O.	...	...	3
Visits to schools with dentist	...	...	...
Following up : Verminous cases	...	...	1
Eye defects	...	...	...
Chickenpox	...	...	...
Measles	...	...	...
Impetigo...	...	...	5
Enlarged tonsils and adenoids ...	...	...	...
Other medical defects	...	...	2
Special enquiries	...	...	263
Clinics attended :—			
Dispensary	...	...	19
Baby	...	...	343
Ante-natal	...	...	53
Tuberculosis	...	...	111
Venereal diseases	...	...	132
School	...	...	33
Dental	...	...	81

* Part of the time of one health visitor is devoted to school work.

APPENDIX 39.

VENEREAL DISEASES.

Attendances at Corporation Clinic.

	Syphilis		Soft Chancre		Gonorrhoea.		Condit'ns other than Venereal		Total	
	M	F	M	F	M	F	M	F	M	F
1. Number of cases which— At the beginning of the year were under treatment or observation for	21	12	...	...	12	6	...	...	33	18
Had been marked off in a previous year as having ceased to attend or as transferred to other Centres and which returned to the treatment Centre during the year under report suffering from the same infection	8	3	...	...	11	2	...	...	19	5
Total	29	15	...	...	23	8	...	...	52	23
2. (*a*) Number of cases dealt with at the Treatment Centre during the year for the first time ...	41	21	13	...	131	13	41	11	226	45
Total, items 1 and 2 (*a*) ...	70	36	13	...	154	21	41	11	278	68
2. (*b*) Number of cases included in Item 2 (*a*) known to have received previous treatment other Centres for the same infection ...	21	5	2	...	14	1	...	...	37	6
3. Number of cases which ceased to attend— (*a*) before completing the first course of treatment for ...	11	12	...	...	37	5	...	...	48	12
(*b*) after one or more courses but before completion of treatment for	13	2	...	...	...	...	...	...	13	2
(*c*) after completion of treatment, but before final tests as to cure of	5	4	...	...	24	2	...	...	29	6
4. Number of cases transferred to other Treatment Centres after treatment for	16	4	2	...	21	...	...	...	39	4
5. Number of cases discharged after completion of treatment and observation for	7	...	11	...	49	7	...	...	67	7
6. Number of cases which, at the end of the year under report, were under treatment or observation for	18	14	...	...	23	7	...	...	41	21
Total—Items 3, 4, 5 and 6 ...	70	36	13	...	154	21	...	...	237	57

APPENDIX 40.—VENEREAL DISEASES.

Examination of pathological material. Corporation Centre.

	For detection of			For Wassermann Reaction
	Spirochetes	Gonococci	Other organisms	
Specimens which were examined at and by the medical officer officer of the treatment centre	...	86	68	...
Specimens from persons attending at the treatment centre which were sent for examination to an approved laboratory ...	...	...	...	119

APPENDIX 41.—VENEREAL DISEASES.

Attendances at Corporation Clinic.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than venereal		To al	
	M	F	M	F	M	F	M	F	M	F
Out-patient Attendances:— For individual attention by the Medical Officer ...	534	337	28	...	913	139	66	11	1541	487
For intermediate treatment, irrigation, dressings, etc.	...	...	...	...	2971	368	...	...	2971	368
Total Attendances ...	534	337	28	...	3884	507	66	11	4512	855
Aggregate number of "in-patient days" of treatment given to persons who were suffering from	...	87	...	...	...	117	...	...	...	204

APPENDIX 42.

CLASSIFICATION OF AREAS OF PATIENTS TREATED AT CORPORATION VENEREAL CLINIC.

	West Hartlepool	Durh'm County	Hull	Yorks. N.R.	Bradford	London	Aberdeen	Swansea	For'gn Sailors	Middlesbrough	Sunderland	Newcastle on Tyne	South Shields	Total
Number of persons from each area dealt with during the year for the first time and found to be suffering from :—														
Syphilis	28	19	2	1	—	2	—	2	5	1	—	1	1	62
Soft Chancre	8	4	—	—	—	—	—	—	1	—	—	—	—	13
Gonorrhoea	78	48	1	—	—	1	1	—	14	—	1	—	—	144
Conditions other than venereal ...	32	18	—	—	1	—	—	—	1	—	—	—	—	52
Totals	146	89	3	1	1	3	1	2	21	1	1	1	1	271
Total number of attendances of all patients residing in each area	4015	1097	29	1	1	19	2	2	184	2	8	6	1	5367
Aggregate number of "in-patient" days of all patients residing in each area	197	7	—	—	—	—	—	—	—	—	—	—	—	204
Number of doses of salvarsan substitutes given to patients residing in each area :—														
1. Out-patient clinic ...	492	41	24	1	—	2	—	2	8	—	—	6	1	577
2 In-patient clinic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX 43.

Venereal Diseases—Salvarsan substitutes used.

Centre.	Novarsenobillon		Sulfarsenol
	Initial dose	Final dose	
Treatment Centre, West Hartlepool ...	·3	·75	Occasional doses only
Cameron Hospital, West Hartlepool ...	·	·	...

APPENDIX 44.

IN-DOOR RELIEF.

1. Number of persons admitted to Workhouse:—

	1926	1927	1928
For In-door Relief	967	165	149
For Medical Treatment	718	810	744

2. Number of persons in Workhouse on:

1st January.			
1926	1927	1928	1929
380	505	510	484

(excluding colony patients)

OUT-DOOR RELIEF.

3: Number of new cases applying for out-door relief was:

	1926	1927	1928
Men	4,355	2,817	1,892
Women...	4,004	2,550	1,807
Children	7,796	4,879	2,966
Totals	16,155	10,246	6,665

4. Number of persons receiving out-door relief on:

	1st January			
	1926	1927	1928	1929
Men	565	1,409	981	864
Women	876	1,433	1,149	1,004
Children	1,081	1,972	1,504	1,292
Totals	2,522	4,814	3,634	3,160

5. Number of new cases applying for out-door medical relief only:

	1926	1927	1928
Men	279	190	58
Women	212	251	218
Children	219	339	163
Totals	710	780	439

6. Number of persons receiving out-door medical relief who are also in receipt of out-door relief as shown in par. No. 4 above:

	1926	1927	1928
Men	17	12	6
Women	28	26	10
Children	36	25	9
Totals	81	63	25

APPENDIX 45.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

Tuberculosis	...	Fees are paid to the Hartlepools Hospital for selected cases.
Maternity	...	Grantully Maternity Home.
Children	...	Nil.
Fever	...	Subsidised—Port Sanitary Hospital.
Smallpox	...	Agreement with Middlesbrough Corporation for the reception of smallpox cases into their smallpox Hospital.
Other ...	...	Yearly subscriptions are paid to the Cameron and Hartlepools Hospitals.

APPENDIX 46.

HOSPITAL RELIEF CAMERON HOSPITAL.

		1927	1928
1.	No. of beds available daily	50 ...	50
2.	Average number of patients (resident) ...	44 ...	42
3.	Number admitted as in-patients	932 ...	962
4.	Average number of days residence per patient ...	17 ...	17
5.	Number of operations (ordinary)	719 ...	870
6.	Number of deaths	29 ...	30
7.	Number of out-patients	781 ...	725
8.	Number of orthopædic treatments	6626 ...	7965

APPENDIX 47.

GRANTULLY MATERNITY HOME.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1928.

Number of beds ... 16. Isolation block ... 2 beds

1.	No. of cases in home on 1st January, 1928	10
2.	No. of cases admitted during 1928	170
3.	Average duration of stay	14 days
4.	No. of cases delivered by	
	(a) Midwives	70
	(b) Doctors	100
5.	No. of cases in which medical assistance was sought by the midwife with reasons for requiring assistance	21

(a)	ante-natal ...	2	1 Albuminuria. 1 Eclampsia.
(b)	during labour ...	5	5 Delayed labour.
(c)	after labour ...	10	1 Syncope. 2 Post Partum Hæmorrhage. 7 Ruptured perineum.
(d)	for infant ...	...	2 Cyanosed.

6. No. of cases notified as:
 (a) Puerperal fever 1
 (b) Puerperal pyrexia 2

 Result of treatment:
 (a) Patient died on the 10th day after delivery.
 (b) Both patients made good recovery.

7. No. of cases of pemphigus neonatorum 0

8. No. of cases notified as ophthalmia neonatorum, with result of treatment in each case 0

9. No. of cases of "inflammation of the eyes," however slight ... 0

10. No. of infants not entirely breast-fed while in the institution with reasons why they where not breast-fed 3

 1 mother died.

 1 mother ill (P.P.H.)

 1 mother pylitis.

11. No. of maternal deaths with causes. 2
 1 Heart, Albuminuria, Fever.
 1 Eclampsia, Anaemia.

12. No. of feotal deaths:
 (a) Stillborn 5
 (b) Within 10 days of birth 5

 Causes:
 (b) 2 Fits.
 2 Premature.
 1 Spina Bifida.

APPENDIX 48.

LIST OF ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS RELATING TO PUBLIC HEALTH.

LOCAL ACT—West Hartlepool Extension and Improvement Act, 1870.

LOCAL ORDERS.

Bye-Laws regulating:—Slaughter Houses. 1896 and 1920; Common Lodging Houses, 1888; New Streets and Buildings, 1899; Means of Escape in case of Fire (Factory and Workshops) 1914; Public Market, 1892; Good Rule and Government against Spitting, 1908; Sanitary Conveniences, 1909; Tents, Vans and Sheds, 1921; Houses-let-in-lodgings, 1922; Offensive Trades, 1917; Fouling of Footways by Dogs, 1928; Nursing Homes, 1928; Maternity Homes, 1927.

ADOPTIVE ACTS.

Infectious Disease (Notification) Act, 1889; Infectious Disease (Prevention) Act, 1890; Public Health Acts, Amendment Act, 1890; Notification of Births Act, 1907 (adopted 7/1/13); Public Health Acts, Amendment Act, 1907, Parts V., VI., and

Sections 16, 18, 19, 20, 22, 25, 26, 27 and 33, comprised in Part II;

„ 34, 35, 36, 37, 38, 39, 40, 41, 42, 45, 46, 47, 48, 49, 50 and 51, comprised in Part III;

„ 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 65, 66 and 68, comprised in Part IV;

„ 95, comprised in Part X, came into force on the 8th February, 1909.

„ 86, came into operation 15th June, 1927.

Public Health Act, 1925, Parts II to V inclusive, came into operation on 1/4/26.

APPENDIX 49.

Ashpits Abolished.

	Wards.								Total
	North	West	Park	S West	S East	C'ntr'l	N East	Seat'n	
Ashpits abolished and circular pans provided	...	4	—	*2*	...	3	3	...	12

APPENDIX 50.

SCAVENGING—DISPOSAL OF HOUSE REFUSE.

Refuse Collected and Disposed of.

Year ended 31st December, 1928. Month.	Number of loads collected.					Number of loads destroyed.	
	Night	Day	Total	Taken to Farms.	Taken to D'str'ct'r	Sundry	Total incl'ding destr'ct'r
January	84	1653	1737	481	1256	309½	1565½
February	84	1464	1548	337	1211	239½	1450½
March	88	1622	1710	415	1295	235½	1530½
April	76	1430	1506	506	1000	245	1245
May...	88	1479	1567	565	1002	171	1173
June	80	1424	1504	663	841	194½	1035½
July	64	1226	1290	566	724	207	931
August	88	1219	1307	566	741	216	957
September	80	1352	1432	707	725	186	911
October	92	1397	1489	590	899	248	1147
November	88	1395	1483	663	820	228	1048
December	75	1634	1709	881	828	254	1082
Totals	987	17295	18282	6940	11342	2734	14076

APPENDIX 51.

SANITARY INSPECTION OF THE DISTRICT.

Inspections were made as follows:—

4632	visits to	dwelling houses, shops and other premises.
67	„	factories and workshops.
44	„	bakehouses.
41	„	houses-let-in-lodgings.
59	„	common lodging houses.
70	„	dairies, cowsheds and milkshops.
326	„	fish, fruit and meat shops.
208	„	abattoir.
248	„	cases of infectious disease.
8	Drains tested with smoke.	
3	Drains examined.	
296	Complaints attended to.	
1396	Informal notices served.	
374	Statutory notices served.	
41	visits, Merchandise Marks Act.	

APPENDIX 52.

Defects or nuisances discovered and dealt with are given below:—

	Number Reported
Drain not properly trapped	4
„ defective	17
„ stopped	76
Dirty dwellings and workshops	9
Defective yard pavements	44
„ spouts and fall pipes	167
„ dwelling house roofs	102
„ privies and ash-pits, etc. (converted into water closets, etc.)	12
Defective water closets	184
„ ash-pits	47
Additional water closets required	3
Accumulations of manure...	7
Annimals improperly kept	10
Smoke nuisance	1

Defective or absent dust-bins	787
,, ash-closet doors	167
Dirty rain-water wells	48
Accumulation of offensive stagnant water	2
No supply of drinking water	28
Tents, vans and sheds	7
Other nuisances	588
Total ...	2310

APPENDIX 53.

PUBLIC ABATTOIR.

Animals Slaughtered at Abattoir.

Year	Beasts	Sheep.	Calves	Pigs	Total
1922	2986	9371	239	5868	18,464
1923	2924	8165	401	5186	16,676
1924	3074	8195	338	7054	18,661
1925	3340	8665	331	7694	20,030
1926	3245	9302	277	5237	18,061
1927	3333	10984	305	5917	20,539
1928	3518	11023	452	7636	22,634

APPENDIX 54.

TUBERCULOSIS IN ANIMALS.

Slaughtered at Abattoir.

Animal	No. totally condemned	No. partially condemned
Cows	10 ...	48
Heifers	2 ...	7
Bullocks	— ...	6
Pigs	10 ...	46
Totals ...	22 ...	107

APPENDIX 55.

Carcases Destroyed for Diseases other than Tuberculosis.

BEEF		MUTTON		PORK	
Disease.	No.	Disease.	No.	Disease.	No.
Unset and Fevered ...	1	Abscesses ...	1	Jaundice ...	1
				Dead in Truck (suffocated)	1
				Nephritis ...	1
Total ...	1	Total ...	1	Total ...	3

APPENDIX 56.—Organs and Parts of Carcases Destroyed for Disease other than Tuberculosis.

Disease	Part of carcase & all offal	Part of carcase and part of offal	Livers	Lungs	Udders	Kidneys	Skirt
Unsound	1	...	...	...	...	...	...
Necrosis	...	...	1	...	...	...	...
Peritonitis	1	...	...	...	...	...	...
Nephritis	...	...	...	...	...	2	...
Pleurisy	2	2	...	1	...	...	1
Cirrhosis	...	...	2	...	...	...	...
Mastitis	...	...	...	...	3	...	...
Mammitis...	...	...	...	...	5	...	...
Gargled Udders	...	..	...	...	12	...	...
Decomposed	...	...	...	...	1	...	...
Flukes	...	...	612	...	...	...	...
Cysts	...	...	28	8	...	...	...
Abscesses	...	1	23	...	...	...	1
Inflammatory conditions	...	...	115	23	...	...	...
Injury	...	1	...	...	...	...	...
Totals...	4	4	781	32	21	2	2

APPENDIX 57.—Food Surrendered and Destroyed.

4 lbs. beef.
2 carcases of lambs.
7 carcases of pigs.
10½ st. bacon.
28 tins corned beef.
2 tins fish.
259 boxes fish.
5 tons potatoes.
313 tins peas.
11 tins tomatoes.
2 tins baked beans.
55 tins fruit.
32 tins milk.
7 lbs. black grapes.

APPENDIX 58.

Public Health (Preservatives, etc, in Food) Regulations, 1925, 1926 and 1927.

Report for the year ending 31st December, 1928.

1. Milk; and cream not sold as preserved cream.

	Number of samples examined for the presence of preservative. (a)	Number in which preservative was reported to be present and percentage of preservative found in each sample (b)
Milk	66	...
Cream	3	...

Nature of preservative in each case in column (b) and action taken under the regulations in regard to it Nil

2. Cream sold as preserved cream:—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct:—

(1) Correct statements made		Nil
(2) Statements incorrect ...		Nil
Total		Nil
(3) Percentage of preservative found in each sample	..	Nil
(4) Percentage stated on statutory label		Nil

(b) Determinations made of milk fat in cream sold as preserved cream:—

(1) Above 35 per cent. ...		...
(2) Below 35 per cent. ...		...
Total		Nil

(c) Instances where (apart from analysis) the requirements as to labelling or declarations of preserved cream in article V (1) and the proviso in article V (2) of the regulations have not been observed Nil

(d) Particulars of each case in which the requirements have not been complied with, and action taken ... Nil

3. Thickening substances:—

Any evidence of their addition to cream or preserved cream. Action taken where found. } Nil

APPENDIX 60.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Bacteriological examination of milk samples to determine the presence of tubercle bacilli.

No. of samples.	Source.	Result.	Action taken.
2	Local Supply	Negative	Nil
3	Supply from outside Borough	Positive	Responsible authority notified
24	do.	Negative	Nil

APPENDIX 61.—TUBERCULOSIS ORDER, 1925.

Animals Notified.	Result of Post-Mortem.	Agreed Value of Animal.			Compensation paid to Owners.		
		£	s.	d.	£	s.	d.
1	Tuberculous Emaciation	9	10	0	6	15	0
1	Generalised Tuberculosis	10	0	0	2	10	0

APPENDIX 62.—DOMESTIC OR HARD WATER SUPPLY.

Sample No. 600.		Parts per 100,000
Chlorine as chlorides		11,6000
Nitrogen as nitrates		·1695
Ammonia		None
Albuminoid Ammonia		Trace
Oxygen Absorption		·0017
Injurious Metals		None
Total solid hard matter dries @ 100 C ...		85,0000
Temporary hardness ...	27·00 degrees	
Permanent hardness ...	17·60 degrees	
Colour of water on Hazen Scale		0
Appearance of water in 2 foot tube ...		Clear
Odour when heated to 50 degrees C ...		None

APPENDIX 59.

SALE OF FOOD AND DRUGS ACTS—ADULTERATED SAMPLES—ACTION TAKEN.

Article Purchased	Number Analysed	Formal Samples	Informal Samples	Number Genuine	Number Adulterated	No. of Samples	Nature of Adulteration.	Remarks and Action Taken
*Milk	66	65	1	50	16	304	Below standard in non-fatty solids	No action taken
						305	Below standard in non-fatty solids	No action taken
						306	Below standard in non-fatty solids	No action taken
						332	Below standard in non-fatty solids	No action taken
						338	Deficient in fat to the extent of 50%	Legal proceedings taken
						343	Deficient in fat to the extent of 21%	Legal proceedings taken
						344	Deficient in fat to the extent of 17.34% ...	Legal proceedings taken
						345	Below standard in non-fatty solids	No action taken
						346	Below standard in non-fatty solids	No action taken
						369	Below standard in non-fatty solids, which corresponds to 8.12% added water	Legal proceedings taken
						370	Below standard in non-fatty solids	No action taken
						393	Below standard in non-fatty solids	No action taken
						421	Below standard in non-fatty solids	No action taken
						425	Below standard in non-fatty solids	No action taken
						427	Below standaad in non-fatty solids	No action taken
						428	Below standard in non-fatty solids	No action taken
Condensed Milk	1	...	1	1	...	...		...
Cream	3	3	...	3	...	...		...
Cream Horns	1	1	...	1	...	...		...
Ice Cream	2	2	...	2	...	...		...
Butter	8	6	2	7	1	353	100% Margarine	Convicted at Middlesbrough
Margarine	2	2	...	2	...	...		...
Sausage	9	8	1	9	...	...		...
Black Pudding	2	2	...	2	...	...		...
Tea	2	2	...	2	...	...		...
Coffee	1	1	...	1	...	...		...
Cheese	1	1	...	1	...	...		...
Lard	5	4	1	5	...	...		...
Bacon	3	3	...	3	...	...		...
Pepper	2	2	...	2	...	...		...
Mustard	2	2	...	2	...	...		...
Dried Milk	2	1	1	2	...	...		...
Bunflour...	1	1	...	1	...	...		...
Strawberry Jam	5	5	...	5	...	...		...
Black Currant Jam... ...	1	1	...	1	...	...		...
Peas	1	1	...	1	...	...		...
Ground Ginger	1	...	1	1	...	...		...
Ground Almonds	2	2	...	2	...	...		...
Mincemeat	1	1	...	1	..	...		...
Icing Sugar	1	1	...	1	...	...		...
Dessicated Cocoanut ...	1	1	...	1		...		...
Tiny "C" Gums	1	1	...	1	...	...		...
Fish Frying Fats	5	...	5	5	...	...		...
Whisky	2	2	...	2	...	...		...
Brandy	3	3	...	3	...	...		...
Rum	4	4	...	4	...	...		...
Gin	1	1	...	1	...	...		...
Camphorated Oil	2	...	2	1	1	411	Slightly below standard, 19.68% Camphor ...	Vendor warned
Syrup of Rhubarb and Castor Oil	1	1	...	1	...	...		...
Glycerine	1	1	...	1	...	...		...
Paregoric Substitute ...	1	1	...	1	...	...		...
Ammoniated Tincture of Quinine	2	...	2	2	...	...		...
Totals	149	132	17	132	17			

* Included in this total are three "Appeal to the Cow" samples, taken at our request by the Durham County Council.

SOFT WATER SUPPLY.

Extract from an analysis of our trade water taken on 19-5-28.

	Parts per 100,000
Total solids, 180 C	37·0
Chlorine in chlorides	2·3
Nitrogen in nitrates	0.10
Nitrates	Absent
Hardness, permanent	11·5
„ Temporary	16·5
„ Total	28·0
Metals	Minute Trace
Free Ammonia	0·0046
Albuminoid Ammonia	0·0290
Oxygen absorbed in 3 hours @ 37 C ...	0·2550

APPENDIX 63.

PREMISES CONTROLLED BY BYE-LAWS.

	Number
Fried Fish Dealers	73
Marine Stores	6
Gut Scrapers	2
Tripe Boilers	3
Tallow Melters	5
Bone Boilers	1
Common Lodging Houses	11
Registered Houses-let-in-lodgings	34
Cowsheds and Retail Purveyors of Milk	52
Slaughter Houses	1

APPENDIX 64.

COMMON LODGING HOUSES.

Situation.	Registered no. of lodgers.	No. of rooms.
18, Rokeby Street	18	6
138, Burbank Street	35	9
23, St. John Street	18	5
7, Tennant Street	30	8
3, Redworth Street	17	3
16, Mainsforth Terrace... ...	56	23
2, Edward Street	22	4
29, George Street	11	3
26, George Street	6	2
15, Mainsforth Terrace... ...	20	7
5, South Street	14	5
Totals	247	75

APPENDIX 65.

DISINFECTION, 1928.

Number of rooms sprayed and fumigated			466
Smallpox	...	3	
Tuberculosis	...	102	
Fever ...	...	262	
Vermin ...	...	41	
Institutions	...	22	
Other ...	...	36	

Number of articles disinfected by steam			6019

	Smallpox	Other
Beds and mattresses ...	2	440
Pillows and bolsters ...	6	956
Carpets and rugs ...	4	578
Articles of clothing ...	2	1312
Sheets, blankets and quilts	4	1963
Sundry articles ...	—	752
	18	6001

Number of articles destroyed by consent of owner (other)	...	87
Number of houses disinfected (Smallpox, 1; Other, 383)	...	384

APPENDIX 66.

Annual Report of the Medical Officer of Health for the year 1928 for the County Borough of West Hartlepool, on the administration of the Factory and Workshop Act, 1901, in connection with

FACTORIES WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES. (1)	Number of Inspections (2)	Written notices (3)	Prosecutions (4)
Factories Including factory laundries	27	3	
Workshops Including workshop laundries	82	22	
Workplaces Other than Outworkers premises	2	1	
Totals	111	26	

2.—Defects found in Factories, Workshops and Workplaces.

PARTICULARS. (1)	Number of defects: Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Number of offences in respect to which prosecutions were instituted (5)
Nuisances under the Public Health Acts:—				
Want of cleanliness	14	14	...	...
Want of ventilation	1	...	1	...
Overcrowding	...	...	...	...
Want of drainage of floors	1	1	...	...
Other nuisances	14	14	...	...
Sanitary Accommodation — Insufficient ...	1	1	...	...
Sanitary Accommodation — Unsuitable or defective	3	3	...	...
Sanitary Accommodation — Not separate for sexes	1	1	...	...
				...
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Other offences	...	...	...	...
Excluding offences relating to outwork and offences under the sections mentioned in the schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921				...
Totals	35	34	1	...

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.

APPENDIX 67.

HOUSING.

Number of new houses erected during the year:—

(a)	Total (including number given separately under (b)	...	72
(b)	With state assistance under the Housing Acts:—		
	(1) By the Local Authority	16	
	(2) By other bodies or persons	23	
(c)	By other bodies or persons, without state assistance	33	
			72

1. Unfit Dwelling Houses.

Inspection --(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1644
(2) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	298
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	37
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1303

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	967

3. Action under Statutory Powers.

A. Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs 34

(2) Number of dwelling houses which were rendered fit after service of formal notices:—

(a) by owners 32

(b) by local authority in default of owners ... 2

(3) Number of dwelling houses in respect of which closing orders became operative in pursuance of declarations by owners of intention to close 3

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 374

(2) Number of dwelling houses in which defects were remedied after service of formal notice:—

(a) by owners 330

(b) by local authority in default of owners ... 44

C. Proceedings under sections 11, 14, and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of closing orders 3

(2) Number of dwelling houses in respect of which closing orders were made 3

(3) Number of dwelling houses in respect of which closing orders were determined, the dwelling houses having been rendered fit 0

(4) Number of dwelling houses in respect of which demolition orders were made 7

(5) Number of dwelling houses demolished in pursuance of demolition orders 5

(6) Number of houses demolished voluntarily by owners ... 2

APPENDIX 68.

LABORATORY WORK, 1928.

SPECIMENS EXAMINED.

			Dispensary	For Medical Practitioners	Total
Sputum ...	T.B. + 98		207	290	497
	„ — 399				
Swabs ...	Diphtheria + 90		...	...	393
	„ — 303				
Gonococcus ...	...	99	86	13	99
Urines ...	...	68	68	...	68
Hair ...	...	4	...	4	4
Cerebro-spinal Fluid	...	1	...	1	1
				Total ...	1062

21 JUN. 1929

APPENDIX 69.

PROSECUTIONS, 1928.

Date	Nature of offence.	Fines £ s d	Costs £ s d	Remarks.
June 6	Milk not of nature, quality and substance demanded ...	3 0 0	2 6 6	...
June 6	Ditto	...	0 4 0	Withdrawn on payment of costs
June 6	Ditto	...	0 4 0	Withdrawn on payment of costs
June 11	Exposing for sale unsound meat	2 0 0	...	...
July 4	To abate nuisances under Public Health Acts	...	0 4 0	Order made for repairs to be carried out in 1 month. Nuisance abated, summons withdrawn on payment of costs
Sept. 7	Milk not of nature, quality and substance demanded ...	...	...	Dismissed
	Total	5 0 0	2 18 6	